Fiscal Year 2004-2005

Monroe			Unit	_		0	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost			
Reidential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Health Services		T1000	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	112	432	\$41,833	\$374	\$97	4
Health Services		T1002	Up to 15 min	20	215	\$39,947	\$1,997	\$186	11
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	68	61,485	\$506,605	\$7,450	\$8	904
Supports Coordination/Wrap Facilitation		T1016	15 minutes	136	3,592	\$313,421	\$2,305	\$87	26
Targeted Case Management		T1017	15 minutes	283	4,870	\$298,073	\$1,053	\$61	17
Nursing Home Mental Health Monitoring		T1017	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	42	7,670	\$243,062	\$5,787	\$32	183
Personal Care in Licensed Specialized Residential Setting		T1020	Days	26	5,218	\$325,029	\$12,501	\$62	201
Personal Care in Licensed Specialized Residential Setting		T1020	Days	44	12,755	\$1,817,194	\$41,300	\$142	290
Assessments		T1023	Encounter	27	38	\$5,832	\$216	\$153	1
Enhanced Medical Supplies or Pharmacy		T1999	Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	2	4	\$3,494	\$1,747	\$874	2
Out of Home Prevocational Service		T2015	Hour	79	36,272	\$7,506	\$95	\$0	459
Targeted Case Management (Children's Waiver)		T2023	Month	4	10	\$106	\$26	\$11	3
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				388		\$12,196,787			

CMHSP Cost Data by Service Category

Some Professional Registers (1972) 1986 1987 1988	Montcalm Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Section Page	State Psychiatric Hospital - Inpatient PT22			Days	0	0	\$0	\$0	\$0	0
Displace Page Page Displace Displa	State Mental Retardation Facility - Inpatient (ICF/MR) PT65			Days	1	233	\$50,656	\$50,656	\$217	233
Page	Local Psychiatric Hospital/IMD PT68			Days	1	6	\$3,708	\$3,708	\$618	6
Pagent Histopial Accillany Services - Harmany 1988 1989 1	Local Psychiatric Hospital - Acute Community PT73			Days	3	14	\$8,127	\$2,709	\$581	5
Page 14 Page	Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Page	Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Page	Inpatient Hospital Ancillary Services - Pharmacy				0	0	\$0	\$0	\$0	0
Pagasient Haspital Ancillery Services - Radiology 3120 # of fests 0 0 0 350 30 30 30 30	Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
SCT Auchenis	Inpatient Hospital Ancillary Services - Laboratory			# of tests	0	0	\$0	\$0	\$0	0
Imparient Hospital Ancellary Services - Respiratory Services O410	Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
Ingatient Hospital Ancelling Services -Physical Therapy Ingatient Hospital Ancelling Services - Occapational Therapy Ingatient Hospital Ancelling Services - Number of Management (March 1998) Ingatient Hospital Ancelling Services - Number of Management (March 1998) Ingatient Hospital Ancelling Services - Number of Management (March 1998) Ingatient Hospital Ancelling Services - Number of Management (March 1998) Ingatient Hospital Ancelling Services - Number of Management (March 1998) Ingatient Hospital Ancelling Services - Number of Management (March 1998) Ingatient Hospital Ancelling Services - Number of Management (March 1998) Ingatient Hospital Ancelling Services - Number (March 1998) Ingatient Hospital Ancelling Services - Other Diagnosis Services Ingatient Hospital Ancelling Services - Other D	ECT Anesthesia	0370								0
Ingaleine Hospital Ancillary Services - Occupational Therapy (A)40,0444	Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Ingatient Hospital Ancillary Services - Speech Language Pathology	Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Impatient Hospital Ancillary Services - Energency Room	Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inspatient Hospital Ancillary Services - Pulmonary Function	Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hoppial Ancellary Services - Audology 6470-0472 # of tests 0 0 50 50 50 Inpatient Hoppial Ancellary Services - Magnetic Responance Technology (MRT) 0610-061 # of tests 0 0 50 50 50 0 ECT Recovery Room 0710 # of tests 0 0 50	Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	. 0	0	\$0	\$0	\$0	0
Impatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
ECT Recovery Room	Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EKG/ECG 0730-0731	Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG 0740 # of tests 0 0 \$0	ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Extended Observation Beds	Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge 0901 Encounter 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Impatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services 9900, 0902-0904 # of visits 0 0 0 50 50 50 50 0 0	Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Cupatient Partial Hospitalization O912 Days O O S0 S0 S0 S0 O O Opatient Partial Hospitalization O913 Days O O O S0 S0 S0 O O Opatient Partial Hospitalization O913 Days O O O S0 S0 S0 O O Opatient Partial Hospital Ancillary Services - Other Diagnosis Services O925 # of tests O O O S0 S0 S0 O O O O O O O O O	Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization 0913 Days 0 0 \$0	Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services 0925	Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services 0940-0942	Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia 00104 Minutes 0 0 \$0	Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Page	Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Medication Administration 99782 Encounter 0 0 \$0	Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Medication Administration 90788 Encounter 0 0 \$0	Ther/Proph/Diag ING, SC/IM - Children's Waiver		90772		0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment Souther	Medication Administration		90782	Encounter	0	0	\$0	\$0	\$0	0
Assessment	Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	Assessment-Psychiatric Assessment		90801	Encounter	18	18	\$6,800	\$378	\$378	1
Therapy-Individual Therapy	Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy 9885 Encounter 20-30 Min 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$160 \$1 Therapy-Individual Therapy 90807 Encounter 45-50 Min 0 0 \$0 <td< td=""><td>Therapy-Individual Therapy</td><td></td><td>90804</td><td>Encounter 20-30 Min</td><td>4</td><td>7</td><td>\$830</td><td>\$208</td><td>\$119</td><td>2</td></td<>	Therapy-Individual Therapy		90804	Encounter 20-30 Min	4	7	\$830	\$208	\$119	2
Therapy-Individual Therapy 9886 Encounter 45-50 Min 7 32 \$5,107 \$730 \$160 5 Therapy-Individual Therapy 9807 Encounter 45-50 Min 0 0 \$0	Therapy-Individual Therapy		90805	Encounter 20-30 Min	0	0	\$0	\$0		0
Therapy-Individual Therapy 90807 Encounter 45-50 Min 0 0 \$	Therapy-Individual Therapy		90806	Encounter 45-50 Min	7	32	\$5,107	\$730		5
Therapy-Individual Therapy 90808 Encounter 75-80 Min 0 0 \$	Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0		\$0		0
Therapy-Individual Therapy 90809 Encounter 75-80 Min 0 0 \$0 \$0 \$0 \$0 \$0	Therapy-Individual Therapy		90808	Encounter 75-80 Min	0	0	\$0	\$0		0
Thereny Individual Thereny	Therapy-Individual Therapy		90809	Encounter 75-80 Min	0					0
	Therapy-Individual Therapy		90810	Encounter 20-30 Min	0	0	\$0			0

Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
	90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	(
	90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	(
	90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	(
	90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	(
	90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	C
	90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	(
	90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	(
	90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	(
	90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	
	90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	
	90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	(
	90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	C
	90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	(
	90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	C
	90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
	90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	(
	90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	(
			0	0	\$0	\$0	\$0	
			2	9	\$1,448	\$724	\$161	
	90849		0	0	\$0	\$0	\$0	
	90849	Encounter	0	0	\$0	\$0	\$0	
	90853	Encounter	0	0	\$0	\$0	\$0	
	90857	Encounter	0	0	\$0	\$0	\$0	(
			52	192	\$23,808	\$458	\$124	4
			0	0	\$0	\$0	\$0	(
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	96117	TOUT	0	0	\$0 \$0	\$0 \$0	\$0 \$0	
				U	350	3.0	350	
	96119 96120		0	0	\$0 \$0	\$0 \$0	\$0 \$0	(
		90812 90813 90814 90815 90816 90816 90817 90818 90819 90819 90821 90822 90823 90824 90826 90827 90828 90829 90840 90849 90849 90849 90849 90853 90857 90862 90887 92506 92507 92508 92526 92601 92626 92627 92633 96100 96101 96101 96101	90812 Encounter 45-50 Min 90813 Encounter 45-50 Min 90814 Encounter 75-80 Min 90815 Encounter 75-80 Min 90816 Encounter 20-30 Min 90817 Encounter 20-30 Min 90818 Encounter 45-50 Min 90819 Encounter 45-50 Min 90821 Encounter 75-80 Min 90822 Encounter 75-80 Min 90823 Encounter 20-30 Min 90824 Encounter 20-30 Min 90825 Encounter 35-50 Min 90826 Encounter 45-50 Min 90827 Encounter 45-50 Min 90828 Encounter 45-50 Min 90829 Encounter 75-80 Min 90829 Encounter 75-80 Min 90840 Encounter 90840 Encounter 90841 Encounter 90842 Encounter 90843 Encounter 90844 Encounter 90845 Encounter 90846 Encounter 90847 Encounter 90849 Encounter 90849 Encounter 90853 Encounter 90853 Encounter 90854 Encounter 90856 Encounter 90857 Encounter 90857 Encounter 90860 Encounter	90812 Encounter 45-50 Min 0 90813 Encounter 45-50 Min 0 90814 Encounter 75-80 Min 0 90815 Encounter 75-80 Min 0 90816 Encounter 75-80 Min 0 90817 Encounter 20-30 Min 0 90817 Encounter 20-30 Min 0 90818 Encounter 45-50 Min 0 90819 Encounter 45-50 Min 0 90820 Encounter 75-80 Min 0 90821 Encounter 75-80 Min 0 90822 Encounter 75-80 Min 0 90823 Encounter 20-30 Min 0 90824 Encounter 20-30 Min 0 90825 Encounter 20-30 Min 0 90826 Encounter 45-50 Min 0 90827 Encounter 45-50 Min 0 90828 Encounter 45-50 Min 0 90829 Encounter 45-50 Min 0 90829 Encounter 75-80 Min 0 90829 Encounter 75-80 Min 0 90840 Encounter 0 90847 Encounter 0 90849 Encounter 0 90849 Encounter 0 90849 Encounter 0 90849 Encounter 0 90857 Encounter 0 90857 Encounter 0 90858 Encounter 0 90859 Encounter 0 90859 Encounter 0 90850 Encounter 0 90851 Encounter 0 90853 Encounter 0 90856 Encounter 0 90857 Encounter 0 90857 Encounter 0 90857 Encounter 0 90857 Encounter 0 90856 Encounter 0 90857 Encounter 0 90857 Encounter 0 90857 Encounter 0 90857 Encounter 0 90858 Encounter 0 90859 Encounter 0 90859 Encounter 0 90850 Encounter 0 90851 Encounter 0 90852 Encounter 0 90853 Encounter 0 90854 Encounter 0 90855 Encounter 0 90856 Encounter 0 90857 Encounter 0 90857 Encounter 0 90857 Encounter 0 90858 Encounter 0 90859 Encounter 0 90859 Encounter 0 90859 Encounter 0 90859 Encounter 0 90850 Encounter 0	90812 Encounter 45-50 Min 0 0 0 90813 Encounter 45-50 Min 0 0 0 90814 Encounter 75-80 Min 0 0 0 90815 Encounter 75-80 Min 0 0 0 90816 Encounter 75-80 Min 0 0 0 90817 Encounter 75-80 Min 0 0 0 90817 Encounter 20-30 Min 0 0 0 90818 Encounter 45-50 Min 0 0 0 90819 Encounter 45-50 Min 0 0 0 90820 Encounter 75-80 Min 0 0 0 90821 Encounter 75-80 Min 0 0 0 0 90822 Encounter 75-80 Min 0 0 0 0 90823 Encounter 75-80 Min 0 0 0 0 90824 Encounter 75-80 Min 0 0 0 0 90825 Encounter 45-50 Min 0 0 0 0 90826 Encounter 45-50 Min 0 0 0 0 90827 Encounter 45-50 Min 0 0 0 0 90828 Encounter 45-50 Min 0 0 0 0 90829 Encounter 75-80 Min 0 0 0 0 90840 Encounter 75-80 Min 0 0 0 0 90841 Encounter 75-80 Min 0 0 0 0 90842 Encounter 75-80 Min 0 0 0 0 90843 Encounter 75-80 Min 0 0 0 0 90844 Encounter 75-80 Min 0 0 0 0 90845 Encounter 75-80 Min 0 0 0 0 0 90846 Encounter 75-80 Min 0 0 0 0 0 90847 Encounter 75-80 Min 0 0 0 0 0 90849 Encounter 75-80 Min 0 0 0 0 0 0 90849 Encounter 75-80 Min 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	90812 Encounter 45-50 Min 0 0 \$0 \$0 \$0 \$0 \$1 \$1		90812 Becounter 45-50 Min 0 0 0 50 50 50 50 50 50 50 50 50 50 50

Montcalm			Unit						***
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Physical Therapy		97002	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003	Encounter	5	5	\$904	\$181	\$181	1
Occupational Therapy		97004	Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	1	2	\$244	\$244	\$122	2
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761	15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762		0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	3	35	\$678	\$226	\$19	12
Assessment or Health Services		97803	15 Minutes	16	79	\$3,642	\$228	\$46	5
Health Services	-	97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0
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Montcalm			Unit	_		Cont	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost			
Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	. 0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post	-	D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Peridontal, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340	15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Activity Therapy (Children's Waiver)		G0176	Encounter	0	0	\$0	\$0	\$0	
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment	-	H0002	Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018	Days	0	0	\$0	\$0	\$0	0
		****			· · · · · · · · · · · · · · · · · · ·	٠,٠,٠,٠,٠,٠,٠,٠,٠,٠,٠,٠,٠,٠,٠,٠,٠,٠,٠,	<u> </u>		

State of Michigan

Montcalm		rronga a .	Unit		77 %-	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code	HCPCS Code	Measure	Cases 7	Units	\$2,462	\$352	\$189	2
Prevention Services - Direct Model		H0025	Face to Face Contact	.	13 72	\$29,524	\$454	\$410	1
Assessment		H0031	Encounter	65		\$29,376	\$466	\$72	6
Treatment Planning		H0032	Encounter	63	409	\$29,376	\$400		
Health Services		H0034	15 Minutes	0			\$15,332	\$20	750
Home Based Services		H0036	15 Minutes	6	4,500	\$91,991 \$0	\$13,332	\$20	0
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0		\$0		
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0		\$0 \$0	0
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0		
Assertive Community Treatment (ACT)		H0039	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	44	83	\$14,162	\$322	\$171	2
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	36	176	\$9,258	\$257	\$53	5
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	11	31,938	\$98,157	\$8,923	\$3	2,903
Community Living Supports (15 Minutes)		H2015	15 Minutes	4	41,108	\$483,415	\$120,854	\$12	10,277
Community Living Supports (Daily)		H2016	Per Diem	24	6,053	\$98,948	\$4,123	\$16	252
Community Living Supports (Daily)		H2016	Per Diem	5	1,739	\$83,844	\$16,769	\$48	348
Community Living Supports (Daily)		H2016	Per Diem	21	6,374	\$651,881	\$31,042	\$102	304
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	17	25,851	\$48,785	\$2,870	\$2	1,521
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	7	9,099	\$57,193	\$8,170	\$6	1,300
Medication Review		M0064	Encounter Face-to-Face	19	52	\$1,221	\$64	\$23	3
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	34	96	\$19,731	\$580	\$206	3
Home Care Training, Non-Family (Children's Waiver)		\$5116	Encounter	0	0	\$0	\$0	\$0	0
Chore Services		S5120	15 Minutes	0	0	\$0	\$0	\$0	0
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124	Hour	0	0	\$0	\$0	\$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446	Encounter	0	0	\$0	\$ 0	\$0	
Health Services		S9470	Encounter	8	13	\$1,103	\$138	\$85	2
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$1,103	\$138	\$0	0
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Montcalm		*********	Unit			Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units				
Reidential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	
Health Services		T1000	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	22	31	\$13,590	\$618	\$438	1
Health Services		T1002	Up to 15 min	19	452	\$36,406	\$1,916	\$81	24
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	45	35,303	\$181,463	\$4,033	\$5	785
Supports Coordination/Wrap Facilitation		T1016	15 minutes	138	3,200	\$202,584	\$1,468	\$63	23
Targeted Case Management		T1017	15 minutes	65	1,302	\$92,799	\$1,428	\$71	20
Nursing Home Mental Health Monitoring		T1017	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	39	10,106	\$161,354	\$4,137	\$16	259
Personal Care in Licensed Specialized Residential Setting		T1020	Days	7	2,072	\$102,626	\$14,661	\$50	296
Personal Care in Licensed Specialized Residential Setting		T1020	Days	7	1,988	\$144,687	\$20,670	\$73	284
Assessments		T1023	Encounter	10	14	\$5,520	\$552	\$394	1
Enhanced Medical Supplies or Pharmacy		T1999	Items	0	0	\$0	\$0	\$0	. 0
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	25	3,653	\$56,851	\$2,274	\$16	146
Transportation		T2004		2	39	\$132	\$66	\$3	20
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015	Hour	11	10,491	\$119,481	\$10,862	\$11	954
Targeted Case Management (Children's Waiver)		T2023	Month	1	2	\$542	\$542	\$271	2
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				178		\$2,955,072			

Muskegon	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category	0100, 0101, 0114,	1101 00 0000	Days	0	0	\$0	\$0	\$0	0
State Psychiatric Hospital - Inpatient PT22	0124, 0134, 0154	***************************************				00.50.770	624.207		215
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	11	2,364	\$268,370	\$24,397	\$114	
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	1	5	\$1,732	\$1,732	\$346	5
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	7	37	\$14,120	\$2,017	\$382	5
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Ther/Proph/Diag ING, SC/IM - Children's Waiver		90772		0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	4	16	\$413	\$103	\$26	4
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	97	108	\$30,242	\$312	\$280	1
Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804	Encounter 20-30 Min	40	138	\$23,989	\$600	\$174	3
Therapy-Individual Therapy		90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806	Encounter 45-50 Min	49	219	\$54,734	\$1,117	\$250	4
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808	Encounter 75-80 Min	16	32	\$10,765	\$673	\$336	2
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0

Muskegon			Unit	_		0	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost			
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	. 0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy	11 11 11 11	90847	Encounter	2	10	\$764	\$382	\$76	5
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy	:	90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	2	11	\$388	\$194	\$35	6
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	233	696	\$48,575	\$208	\$70	3
Additional Codes-ECT Physician		90870	Encounter	1	1	\$29	\$29	\$29	1
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	70	153	\$60,026	\$858	\$392	2
Speech & Language Therapy		92507	Encounter	6	9	\$3,029	\$505	\$337	2
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626	First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627	Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)	· -	92633		0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	19	35	\$6,397	\$337	\$183	2
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101		0	0	\$0	\$0	\$0	0
Psychological Testing by Technician (Children's Waiver)		96102		0	0	\$0	\$0	\$0	0
Psychological Testing by Comp (Children's Waiver)		96103		0	0	\$0	\$0	\$0	0
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys (Children's Waiver)	****	96118		0	0	\$0	\$0	\$0	0
Neuropsych test by Tech (Children's Waiver)		96119		0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp (Children's Waiver)		96120	<u> </u>	0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	4	5	\$1,133	\$283	\$227	1
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Muskegon			Unit				Cost/Case	C+/II-it	Unit/Case
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost		Cost/Unit	
Physical Therapy		97002	Encounter	64	67	\$21,308	\$333	\$318	1
Occupational Therapy		97003	Encounter	14	15	\$4,473	\$319	\$298	1
Occupational Therapy		97004	Encounter	253	274	\$67,511	\$ 267	\$246	1
Occupational or Physical Therapy		97110	15 Minutes	48	1,109	\$119,368	\$2,487	\$108	23
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	7	335	\$42,644	\$6,092	\$127	48
Occupational or Physical Therapy		97124	15 Minutes	7	246	\$26,370	\$3,767	\$107	35
Occupational or Physical Therapy		97140	15 Minutes	I	328	\$34,434	\$34,434	\$105	328
Occupational or Physical Therapy		97150	Encounter	5	41	\$12,528	\$2,506	\$306	8
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	34	303	\$46,687	\$1,373	\$154	9
Occupational or Physical Therapy		97532	15 Minutes	1	5	\$787	\$787	\$157	5
Occupational or Physical Therapy		97533	15 Minutes	10	212	\$32,876	\$3,288	\$155	21
Occupational or Physical Therapy		97535	15 Minutes	81	454	\$76,527	\$945	\$169	6
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	83	859	\$144,825	\$1,745	\$169	10
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761	15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762		0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803	15 Minutes	1	9	\$708	\$708	\$79	9
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	33	33	\$13,385	\$406	\$406	1
Additional Codes-Physician Services		99215	Encounter	1	1	\$85	\$85	\$85	1
Additional Codes-Physician Services		99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	·	99231		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0
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Muskegon	. ~.	Honoo o '	Unit		Y 1. 10	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units				1
Additional Codes-Physician Services		99252	Encounter	1	1	\$181	\$181	\$181	
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	1	13	\$1,709	\$1,709	\$131	13
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120	_	0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220		2	2	\$14	\$7	\$7	1
Intraoral periapical		D0230		2	2	\$8	\$4	\$4	i
Bitewings		D0274		2	2	\$51	\$25	\$25	1
Prophylaxis Adult		D1110		3	3	\$114	\$38	\$38	I
Resin based comp-one surface, ant		D2330		3	5	\$276	\$92	\$55	2
Resin based comp-two surfaces, ant		D2331		1	1	\$75	\$75	\$75	1
Resin based comp-three surfaces, an		D2332		1	4	\$271	\$271	\$68	4
Resin based comp-one surface, post		D2391		2	3	\$190	\$95	\$63	2
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393	***************************************	1	1	\$106	\$106	\$106	1
Crown, porc, fused to high		D2750	y====	1	4	\$2,653	\$2,653	\$663	4
Peridontal, main		D4910		71	121	\$8,320	\$117	\$69	2
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		61	102	\$4,060	\$67	\$40	2
Repair or Non-Routine Service for DME (Children's Waiver)		E1340	15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	1	1	\$2,106	\$2,106	\$2,106	1
Activity Therapy (Children's Waiver)		G0176	Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0 \$0	0
Medication administration		G0351		0	0	\$0	\$0	\$0	
Assessment		H0002	Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018	Days	0	0	\$0	\$0	\$0	0
		110010	Duys		V	3 0	⊅ ∪	20	

Muskegon	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code	H0025	Face to Face Contact	22	309	\$6,300	\$286	\$20	14
Prevention Services - Direct Model		H0023	Encounter	2	3	\$438	\$219	\$146	2
Assessment		H0031	Encounter	291	2,331	\$479.846	\$1,649	\$206	8
Treatment Planning		H0034	15 Minutes	0	2,331	\$0	\$0	\$0	0
Health Services		H0034	15 Minutes	0		\$0	\$0	\$0	0
Home Based Services		H0037	Per diem	0	-0	\$0	\$0	\$0	0
Community Psychiatric Supportive Treatment		H0037	15 minutes	0	0	\$0	\$0	\$0	
Peer Directed and Operated Support Services		NA	15 minutes	0	0	\$0	\$0	\$0	
Peer Directed and Operated Support Services		H0039	15 Minutes	0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0043	Per diem	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0045	Per Diem	0	- 0	\$0	\$0	\$0	0
Respite		H2000	Encounter	105	320	\$16,652	\$159	\$52	3
Behavior Management Review		H2010	15 minutes	0	0	\$10,032	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2011	15 Minutes	16	69	\$3,343	\$209	\$48	4
Crisis Intervention-Non-enrolled Service		H2011	15 minutes	317	1,063,712	\$2,334,758	\$7,365	\$2	3,356
Skill-Building and Out of Home Non Vocational Habilitation		H2015	15 Minutes	262	533,587	\$2,818,524	\$10,758	\$5	2,037
Community Living Supports (15 Minutes)		H2016	Per Diem	62	11,459	\$302,922	\$4,886	\$26	185
Community Living Supports (Daily)		H2016	Per Diem	28	5,918	\$209,790	\$7,492	\$35	211
Community Living Supports (Daily)		H2016	Per Diem	198	50,428	\$2,824,023	\$14,263	\$56	255
Community Living Supports (Daily)		H2019	15 Minutes	0	0	\$0	\$14,263	\$0	0
Behavior Services Wraparound		H2019	Days	0	0	\$0	\$0	\$0	
1		H2023	15 minutes	78	86,690	\$146,732	\$1,881	\$2	1,111
Supported Employment Services	·	H2023	15 Minutes	0	0 0,090	\$140,732	\$0	\$0	0
Mental Health Therapy Clubhouse Psychosocial Rehabilitation Programs		H2027	15 Minutes	2	30	\$76	\$38	\$3	15
Medication Review		M0064	Encounter Face-to-Face	0	0	\$0	\$0	\$0 \$0	0
		\$0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	
Family Training		S5110	Encounter	0	0	\$0	\$0	\$0	
Home Care Training, Non-Family (Children's Waiver)		S5116	Encounter	5	58	\$4,229	\$846	\$73	12
Chore Services		S5116 S5120	15 Minutes	0	0	\$4,229 \$0	\$0	\$13	0
Foster Care		S5120 S5140		0	0	<u> </u>	-	\$0	0
Foster Care		S5145	Days Days	0	0	\$0 \$0	\$0 \$0	\$0 \$0	0
Respite		S5150	15 Minutes	293	464,574	\$221,041	\$754	\$0 \$0	
Respite		S5150 S5151	Per Diem	0		\$221,041			1,586
Personal Emergency Response System (PERS)		S5160		0	0		\$0	\$0	0
Personal Emergency Response System (PERS)		S5160 S5161	Encounter Month		0	\$0	\$0	\$0	0
Environmental Modification		S5165		0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Service	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Items	64	113	\$13,649	\$213	\$121	2
Private Duty Nursing	0582		Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing Private Duty Nursing	0582	S9123	Hour	1	1,173	\$20,677	\$20,677	\$18	1,173
Respite Care in the Home (RN) (Children's Waiver)	0302	S9124	Hour	1	3,077	\$49,299	\$49,299	\$16	3,077
Respite Care in the Home (LPN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Health Services		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446	Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9470	Encounter	4	9	\$217	\$54	\$26	2
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	. 0	0	\$0	\$0	\$0	0

Fiscal Year 2004-2005

Muskegon			Unit						
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Reidential Room and Board		S9976	Days	220	67,702	\$912,964	\$4,150	\$13	308
Health Services		T1000	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	8	8	\$285	\$36	\$36	1
Health Services		T1002	Up to 15 min	370	5,955	\$1,129,930	\$3,054	\$ 190	16
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	24	28,918	\$107,441	\$4,477	\$4	1,205
Supports Coordination/Wrap Facilitation		T1016	15 minutes	868	23,272	\$3,386,062	\$3,901	\$145	27
Targeted Case Management		T1017	15 minutes	13	71	\$9,291	\$7 15	\$131	5
Nursing Home Mental Health Monitoring		T1017	15 minutes	6	8	\$1,046	\$174	\$131	I
Personal Care in Licensed Specialized Residential Setting		T1020	Days	119	28,264	\$284,259	\$2,389	\$10	238
Personal Care in Licensed Specialized Residential Setting		T1020	Days	89	18,303	\$644,385	\$7,240	\$35	206
Personal Care in Licensed Specialized Residential Setting		T1020	Days	190	21,220	\$1,334,477	\$7,024	\$63	112
Assessments		T1023	Encounter	6	9	\$4,931	\$822	\$548	2
Enhanced Medical Supplies or Pharmacy		T1999	Items	40	866	\$4,039	\$101	\$5	22
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	149	48,678	\$177,459	\$1,191	\$4	327
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	16	64	\$5,893	\$368	\$92	4
Out of Home Prevocational Service		T2015	Hour	17	22,087	\$75,156	\$4,421	\$3	1,299
Targeted Case Management (Children's Waiver)		T2023	Month	6	39	\$13,332	\$2,222	\$342	7
Enhanced Medical Equipment-Supplies		T2028	Items	1	1	\$28	\$28	\$28	1
Enhanced Medical Equipment-Supplies		T2029	Items	7	7	\$611	\$87	\$87	1
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0 _	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0		\$0	\$0	0
Housing Assistance		T2038	Month	18	25	\$9,590	\$533	\$384	1
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				6	0	\$376	\$63	\$0	0
Other				3	0	\$314	\$105	\$0	0
Total Population and Cost				935		\$18,743,740			<u>.</u>

Network180			Unit						
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	4	622	\$332,992	\$83,248	\$535	156
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	6	1,789	\$400,283	\$66,714	\$224	298
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$ 0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434	-	# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942	<u> </u>	# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Ther/Proph/Diag ING, SC/IM - Children's Waiver		90772		0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	6	13	\$1,084	\$181	\$83	2
Medication Administration		90788	Encounter	1	1	\$83	\$83	\$83	1
Assessment-Psychiatric Assessment		90801	Encounter	39	39	\$6,749	\$173	\$173	1
Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	····	90804	Encounter 20-30 Min	103	1,039	\$107,775	\$1,046	\$104	10
Therapy-Individual Therapy		90805	Encounter 20-30 Min	1	3	\$170	\$170	\$57	3
Therapy-Individual Therapy		90806	Encounter 45-50 Min	73	641	\$69,088	\$946	\$108	9
Therapy-Individual Therapy	-	90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808	Encounter 75-80 Min	58	241	\$22,629	\$390	\$94	4
								*- *	
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0

Network180			Unit			_	0 10	0 .71 .	11.5/0
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	1	2	\$200	\$200	\$100	2
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	38	300	\$13,890	\$366	\$46	8
Therapy-Group Therapy		90857	Encounter	8	92	\$3,467	\$433	\$38	12
Medication Review		90862	Encounter	627	1,973	\$165,730	\$264	\$84	3
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other	*	90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	3	3	\$555	\$185	\$185	1
Speech & Language Therapy		92507	Encounter	18	30	\$5,628	\$313	\$188	2
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	2	2	\$493	\$247	\$247	1
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626	First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627	Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation, Post-Lingual Hearing Loss (Children's Waiver)		92633		0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	63	114	\$8,855	\$141	\$78	2
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101		0	0	\$0	\$0	\$0	0
Psychological Testing by Technician (Children's Waiver)		96102		0	0	\$0	\$0	\$0	0
Psychological Testing by Comp (Children's Waiver)		96103		0	0	\$0	\$0	\$0	0
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	3	3	\$564	\$188	\$188	
Assessments-Testing		96115	Hour	0	0	\$0	\$100	\$100	0
Neurobehavioral Status Exam (Children's Waiver)		96116	Hour	0	. 0	\$0	\$0	\$0	
		96116	Uay			\$0		\$0 \$0	0
Assessments-Testing			Hour	0	0		\$0		
Neuropsych test by Psych/Phys (Children's Waiver) Neuropsych test by Tech (Children's Waiver)		96118		0	0	\$0	\$0	\$0	0
		96119			0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp (Children's Waiver)		96120		0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	0	0	\$0	\$0	\$0	0

Network180			Unit	_		Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units				0
Physical Therapy		97002	Encounter	0	0	\$0	\$0	\$0	
Occupational Therapy		97003	Encounter	41	60	\$21,073	\$514	\$351	1
Occupational Therapy		97004	Encounter	30	41	\$5,907	\$197	\$144	1
Occupational or Physical Therapy		97110	15 Minutes		15	\$228	\$46	\$15	3
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	1	11	\$25	\$25	\$25	1
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	1	6	\$120	\$120	\$20	6
Occupational or Physical Therapy		97535	15 Minutes	1	2	\$20	\$20	\$10	2
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761	15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762		0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	152	794	\$18,039	\$119	\$23	5
Assessment or Health Services		97803	15 Minutes	74	564	\$15,878	\$215	\$28	8
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	ACCOUNTY OF THE PROPERTY OF TH	99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		0	0	\$0	\$ 0	\$0	0
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231	,	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0

Network180			Unit			_	6. 1/6	C	11-24C
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	00	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	9	40	\$3,603	\$400	\$90	4
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post	-	D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393	211-2	0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Peridontal, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340	15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Activity Therapy (Children's Waiver)		G0176	Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018	Days		0	\$0	\$0	\$0	0
		110010	Dujo			ΨV			

Network180 Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Prevention Services - Direct Model	-	H0025	Face to Face Contact	0	0	\$0	\$0	\$0	
Assessment	· · · · · · · · · · · · · · · · · · ·	H0031	Encounter	285	727	\$80,150	\$281	\$110	
Treatment Planning		H0032	Encounter	161	207	\$14,337	\$89	\$69	
Health Services		H0034	15 Minutes	104	174	\$7,983	\$77	\$46	
Home Based Services		H0036	15 Minutes	0	0	\$0	\$0	\$0	
Community Psychiatric Supportive Treatment	- AA	H0037	Per diem	0	0	\$0	\$0	\$0	
Peer Directed and Operated Support Services		H0038	15 minutes	4	109	\$20,000	\$5,000	\$183	2
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	
Assertive Community Treatment (ACT)		H0039	15 Minutes	0	0	\$0	\$0	\$0	
Community Living Supports in Independent living/own home		H0043	Per diem	51	4,306	\$494,796	\$9,702	\$115	8
Respite		H0045	Per Diem	8	63	\$2,384	\$298	\$38	
Behavior Management Review		H2000	Encounter	169	268	\$23,317	\$138	\$87	
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	0	0	\$0	\$0	\$0	
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	686	2,457,665	\$5,545,445	\$8,084	\$2	3,58
Community Living Supports (15 Minutes)		H2015	15 Minutes	115	261,662	\$1,725,422	\$15,004	\$7	2,27
Community Living Supports (13 Minutes) Community Living Supports (Daily)		H2016	Per Diem	181	50,324	\$1,403,367	\$7,753	\$28	27
Community Living Supports (Daily) Community Living Supports (Daily)		H2016	Per Diem	92	20,058	\$902,835	\$9,813	\$45	21
Community Living Supports (Daily) Community Living Supports (Daily)		H2016	Per Diem	328	98,995	\$9,570,946	\$29,180	\$97	30
		H2019	15 Minutes	0	0	\$0	\$0	\$0	
Behavior Services		H2022	Days	- 0	0	\$0	\$0	\$0	
Wraparound		H2023	15 minutes	373	526,057	\$1,320,257	\$3,540	\$3	1,410
Supported Employment Services Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	3	8,594	\$11,480	\$3,827	\$1	2,86
Medication Review		M0064	Encounter Face-to-Face	2	2	\$124	\$62	\$62	2,00
The state of the s		S0209	Per Mile	0	0	\$0	\$0	\$0	
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	
Transportation Family Training		S5110	15 Minutes	0	0	\$0	\$0 \$0	\$0	
Family Training		S5111	Encounter	161	2,307	\$731,433	\$4,543	\$317	1
Home Care Training, Non-Family (Children's Waiver)		S5116	Encounter	0	0	\$0	\$0	\$0	•
	***	S5120	15 Minutes	0	0	\$0	\$0	\$0	
Chore Services Foster Care		S5140	Days	0	0	\$0	\$0	\$0	
		S5145		0	0	\$0	\$0	\$0	
Foster Care		S5145 S5150	Days 15 Minutes	369	280,660	\$540,717	\$1,465	\$2	76
Respite		S5151	Per Diem	0	280,000	\$0	\$0	\$0	
Respite				0		\$0	\$0	\$0 \$0	
Personal Emergency Response System (PERS)		S5160	Encounter	0				\$0	
Personal Emergency Response System (PERS)		S5161	Month	=	0	\$0	\$0		
Environmental Modification		S5165	Service	0	0	\$0 \$0	\$0	\$0 \$0	
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	··· · · · · · · · · · · · · · · ·	\$0		
Occupational or Physical Therapy	0.500	S8990	Encounter	0	0	\$0	\$0	\$0	
Private Duty Nursing	0582	S9123	Hour	0	0	\$0	\$0	\$0	
Private Duty Nursing	0582	S9124	Hour	0	0	\$0	\$0	\$0	
Respite Care in the Home (RN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	
Respite Care in the Home (LPN) (Children's Waiver)	***	S9125	Per Diem	0	0	\$0	\$0	\$0	
Health Services		S9445	Encounter	2	8	\$877	\$439	\$110	
Health Services		S9446	Encounter	0	0	\$0	\$0	\$0	
Health Services		S9470	Encounter	38	42	\$4,770	\$126	\$114	
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$0	\$0	\$0	

Network180			Unit				Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code	HCPCS Code	Меаѕите	Cases	Units	Cost			
Reidential Room and Board		S9976	Days	0	0	\$26,400	\$0	\$0	0
Health Services		T1000	Up to 15 min	4	43,981	\$363,552	\$90,888	\$8	10,995
Assessment		T1001	Encounter	539	1,237	\$78,243	\$145	\$63	2
Health Services		T1002	Up to 15 min	468	4,962	\$228,913	\$489	\$46	11
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	16	8,737	\$55,107	\$3,444	\$6	546
Supports Coordination/Wrap Facilitation		T1016	15 minutes	1,594	83,750	\$3,448,885	\$2,164	\$41	53
Targeted Case Management		T1017	15 minutes	2	25	\$972	\$486	\$39	13
Nursing Home Mental Health Monitoring		T1017	15 minutes	52	3,538	\$144,928	\$2,787	\$41	68
Personal Care in Licensed Specialized Residential Setting	1.00 C	T1020	Days	205	58,181	\$1,564,820	\$7,633	\$27	284
Personal Care in Licensed Specialized Residential Setting		T1020	Days	309	89,233	\$4,766,880	\$15,427	\$53	289
Personal Care in Licensed Specialized Residential Setting		T1020	Days	80	20,992	\$2,136,183	\$26,702	\$102	262
Assessments		T1023	Encounter	93	233	\$32,373	\$348	\$139	3
Enhanced Medical Supplies or Pharmacy		T1999	Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	0	0	\$76,247	\$0	\$0	0
Out of Home Prevocational Service		T2015	Hour	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)	 -	T2023	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies	-	T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance	·	T2038	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				0	0	\$352,756	\$ 0	\$0	0
Total Population and Cost				2,010		\$36,882,673			

State of Michigan

Newaygo	Revenue Code	HCPCS Code	Unit	0	** 5	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category		HCPCS Code	Measure	Cases	Units				
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	1	9	\$6,942	\$6,942	\$771	9
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Ther/Proph/Diag ING, SC/IM - Children's Waiver		90772		0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment	**************************************	90801	Encounter	26	28	\$3,884	\$149	\$139	1
Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804	Encounter 20-30 Min	4	10	\$554	\$139	\$55	3
Therapy-Individual Therapy		90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	• •	90806	Encounter 45-50 Min	6	22	\$2,459	\$410	\$112	4
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	***	90808	Encounter 75-80 Min	2	2	\$509	\$255	\$255	1
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0

Newaygo	Revenue Code	HCPCS Code	Unit	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code		Measure	Cases	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90811	Encounter 20-30 Min		1	\$118	\$118	\$118	1
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$118	0
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min		0	\$0	\$0	\$0	- 0
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0		\$0	\$0	\$0 \$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0 \$0	\$0	0
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0		\$0	\$0	
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0		\$0 \$0	
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0		
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0 \$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0		0
Therapy-Individual Therapy	1189	90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847	Encounter	4	14	\$1,574	\$394	\$112	4
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy	×	90853	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90857	Encounter	18	32	\$4,371	\$243	\$137	2
Medication Review		90862	Encounter	33	153	\$17,863	\$541	\$117	5
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	13	14	\$791	\$61	\$57	1
Speech & Language Therapy		92507	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626	First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627	Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	32	116	\$10,626	\$332	\$92	4
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101		0	0	\$0	\$0	\$0	0
Psychological Testing by Technician (Children's Waiver)		96102		0	0	\$0	\$0	\$0	0
Psychological Testing by Comp (Children's Waiver)		96103		0	0	\$0	\$0	\$0	0
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		0	0	\$0	\$0	\$0	0
			Hour	0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	nour	•	•				
Assessments-Testing Neuropsych test by Psych/Phys (Children's Waiver)		96117 96118	nour	0	0	\$0	\$0	\$0	0
			nour				\$0 \$0	\$0 \$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118	noui	0	0	\$0			

Newaygo	Danis Cada	HCPCS Code	Unit	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code		Measure	0	0	\$0	\$0	\$0	0
Physical Therapy		97002	Encounter	1		\$98	\$98	\$98	
Occupational Therapy		97003	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97004	Encounter	0	0	\$0		<u>\$0</u>	
Occupational or Physical Therapy		97110	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes		0	\$0	\$0	\$0	
Occupational or Physical Therapy		97116	15 Minutes	0		\$0	\$0	\$0 \$0	
Occupational or Physical Therapy		97124	15 Minutes	0		\$0	\$0	\$0	
Occupational or Physical Therapy		97140	15 Minutes	0	0		\$0	\$0 \$0	
Occupational or Physical Therapy		97150	Encounter	0	0	\$0		\$0 \$0	
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0		
Occupational or Physical Therapy		97530	15 Minutes	0	0	\$0	\$0	\$0 \$0	0
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0		
Occupational or Physical Therapy		97533	15 Minutes	11	360	\$5,889	\$5,889	\$16	360
Occupational or Physical Therapy		97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	. 0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761	15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762		0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231	- 1	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0
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Newaygo			Unit						
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170	*	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428	-	0	0	\$0	\$0	\$0	0
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Peridontal, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340	15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Activity Therapy (Children's Waiver)		G0176	Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration	***************************************	G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018	Days	0	0	\$0	\$0	\$0	0
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Persons with	Development	al Disabilities
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Newaygo Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
	Revenue code	H0025	Face to Face Contact	8	13	\$2,486	\$311	\$191	2
Prevention Services - Direct Model		H0031	Encounter	59	76	\$8,606	\$146	\$113	1
Assessment Treatment Planning		H0032	Encounter	28	31	\$3,910	\$140	\$126	1
Health Services		H0034	15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036	15 Minutes	0	0	\$0	\$0	\$0	0
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA	10 Minutes	0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	32	43	\$1,619	\$51	\$38	1
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	1	5	\$279	\$279	\$56	5
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	11	835	\$24,650	\$2,241	\$30	76
Community Living Supports (15 Minutes)		H2015	15 Minutes	4	20,849	\$119,733	\$29,933	\$6	5,212
Community Living Supports (Daily)		H2016	Per Diem	13	3,915	\$114,055	\$8,773	\$29	301
Community Living Supports (Daily)		H2016	Per Diem	7	2,054	\$97,433	\$13,919	\$47	293
Community Living Supports (Daily)		H2016	Per Diem	20	7,182	\$671,125	\$33,556	\$93	359
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	39	37,827	\$222,469	\$5,704	\$6	970
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064	Encounter Face-to-Face	0	0	\$0	\$0	\$0	0
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	10	37	\$8,085	\$809	\$219	4
Home Care Training, Non-Family (Children's Waiver)		S5116	Encounter	2	14	\$553	\$277	\$40	7
Chore Services		S5120	15 Minutes	0	0	\$0	\$0	\$0	0
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	39	45,943	\$54,564	\$1,399	\$1	1,178
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	1	2	\$924	\$924	\$462	2
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124	Hour	0	0	\$0	\$0	\$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470	Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	1	1	\$87	\$87	\$87	I

Newaygo			Unit				- 1-		** ***
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Reidential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Health Services		T1000	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	0	0	\$0	\$0	\$0	0
Health Services		T1002	Up to 15 min	50	618	\$25,256	\$505	\$41	12
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	6	23,513	\$53,724	\$8,954	\$2	3,919
Supports Coordination/Wrap Facilitation		T1016	15 minutes	27	1,310	\$69,085	\$2,559	\$53	49
Targeted Case Management		T1017	15 minutes	117	4,010	\$252,300	\$2,156	\$63	34
Nursing Home Mental Health Monitoring	***	T1017	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	21	6,674	\$37,675	\$1,794	\$6	318
Personal Care in Licensed Specialized Residential Setting		T1020	Days	4	1,460	\$95,704	\$23,926	\$66	365
Personal Care in Licensed Specialized Residential Setting		T1020	Days	15	5,017	\$460,421	\$30,695	\$92	334
Assessments		T1023	Encounter	4	13	\$169	\$42	\$13	3
Enhanced Medical Supplies or Pharmacy		T1999	Items	1	1	\$108	\$108	\$108	1
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015	Hour	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023	Month	2	20	\$6,763	\$3,382	\$338	10
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost	·			158		\$2,387,461			

North Country	Revenue Code	HCPCS Code	Unit	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category		neres code	Measure	Cases	0	\$0	\$0	\$0	0
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	0					
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	1	8	\$4,786	\$4,786	\$598	8
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	5	29	\$17,348	\$3,470	\$598	6
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272	-	# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Ther/Proph/Diag ING, SC/IM - Children's Waiver		90772	-	0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	36	36	\$11,321	\$314	\$314	1
Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804	Encounter 20-30 Min	14	33	\$2,517	\$180	\$76	2
Therapy-Individual Therapy		90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806	Encounter 45-50 Min	28	80	\$11,432	\$408	\$143	3
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808	Encounter 75-80 Min	5	6	\$1,250	\$250	\$208	1
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810	Encounter 20-30 Min	2	2	\$136	\$68	\$68	1

North Country			Unit	_		Cont	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost			
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	
Therapy-Individual Therapy		90812	Encounter 45-50 Min	4	38	\$4,295	\$1,074	\$113	10
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	1	2	\$135	\$135	\$68	2
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	1	7	\$1,571	\$1,571	\$224	7
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	2	4	\$441	\$221	\$110	2
Therapy-Family Therapy	•	90847	Encounter	7	65	\$9,029	\$1,290	\$139	9
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	186	701	\$69,277	\$372	\$99	4
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	14	16	\$3,102	\$222	\$194	1
Speech & Language Therapy		92507	Encounter	15	90	\$10,599	\$707	\$118	6
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	3	12	\$1,871	\$624	\$156	4
Speech & Language Therapy		92610	Encounter	9	12	\$2,509	\$279	\$209	1
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626	First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627	Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	25	84	\$15,529	\$621	\$185	3
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101	·	0	0	\$0	\$0	\$0	0
Psychological Testing by Technician (Children's Waiver)		96102		0	0	\$0	\$0	\$0	0
Psychological Testing by Comp (Children's Waiver)		96103		0	0	\$0	\$0	\$0	0
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other	_	96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118		0	0	\$0	\$0	\$0	0
Neuropsych test by Tech (Children's Waiver)		96119		0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp (Children's Waiver)		96120		0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	50	55	\$9,459	\$189	\$172	1
						** ***	*		

North Country			Unit	_		0	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost			Olinocasc
Physical Therapy		97002	Encounter	5	6	\$392	\$78	\$65	1
Occupational Therapy		97003	Encounter	39	41	\$11,806	\$303	\$288	1
Occupational Therapy		97004	Encounter	43	57	\$12,456	\$290	\$219	1
Occupational or Physical Therapy		97110	15 Minutes	7	15	\$625	\$89	\$42	2
Occupational or Physical Therapy		97112	15 Minutes	1	2	\$86	\$86	\$43	2
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	2	6	\$267	\$134	\$45	3
Occupational or Physical Therapy		97124	15 Minutes	1	112	\$2,882	\$2,882	\$26	112
Occupational or Physical Therapy		97140	15 Minutes		0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes		0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	4	9	\$379	\$95	\$42	2
Occupational or Physical Therapy		97532	15 Minutes	3	6	\$217	\$72	\$36	2
Occupational or Physical Therapy		97533	15 Minutes	11	27	\$1,183	\$108	\$44	2
Occupational or Physical Therapy		97535	15 Minutes	30	210	\$8,312	\$277	\$40	7
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	11	37	\$1,583	\$144	\$43	3
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy	-	97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761	15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762		0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	9	48	\$2,136	\$237	\$45	5
Assessment or Health Services		97803	15 Minutes	12	28	\$1,468	\$122	\$52	2
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	**	99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	* *	99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	· ·	99244	Encounter	0	0	\$0	\$0	\$0	
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	
		J7421	Discoulter	· · · · · · · · · · · · · · · · · · ·		J V	J V	4 0	

Second Composition 1985	North Country		rrango o I	Unit	•	** 5.	Cost	Cost/Case	Cost/Unit	Unit/Case
Mathematic Color Programme Wils	Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units				
Michael Code Proposition Services 9825 Insconder 0 0 0 9 91 15 0 0 0 0 0 0 0 0 0	Additional Codes-Physician Services									
Material Conference 1972	Additional Codes-Physician Services									
	Additional Codes-Physician Services									
Section Sect	Additional Codes-Physician Services								- Army	
Mathematic Classe-Proposition Services 9933 Binocores 90 90 90 90 90 90 90 9	Additional Codes-Physician Services		99261	Encounter						
Matternard Case-Preparets Services 9271 Besoverer 0 0 1 10 51 51 50 0 0 0 0 1 10 50 0 0 0 0 0 0 0 0	Additional Codes-Physician Services		99262	Encounter	0	0				
Machine Mach	Additional Codes-Physician Services		99263	Encounter	0	0				0
	Additional Codes-Physician Services		99271	Encounter	0	0				0
Mathianal Codes Physician Services 90724 Decomer 0 0 0 0 0 0 0 0 0	Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Melician Codes Proprieta Services 90275 Becounter 0 0 50 50 50 50 50 50	Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Medication Assistation	Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Medicant Alminismismismismismismismismismismismismismi	Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Persopertation			99506	Encounter	0	0	\$0	\$0	\$0	0
Teasportation A0700 Per tose-way tip 0 0 30 30 30 30 0 0 1 1 1 1 1 1 1		***	A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation			A0090	Per mile	0	0	\$0	\$0	\$0	0
Paragoperation					0	0	\$0	\$0	\$0	0
Transportation	· · · · · · · · · · · · · · · · · · ·				0	0	\$0	\$0	\$0	0
Parapportation			A0120		0	0	\$0	\$0	\$0	0
Transportation A0140 0 0 50 50 50 50 Transportation A0170 0 0 50 50 50 0 Additional Codes-Transportation A0427 Refer to Code Descriptions 0 0 50 50 50 0 Additional Codes-Transportation A0428 0 0 50 50 50 0 Additional Codes-Transportation A0428 0 0 50 50 50 50 0 General dental services D0150 Refer to Code Descriptions 0 0 50 50 50 50 0 General dental services D0150 Encounter 0 0 50 50 50 50 0 Companiodration D0220 D0220 0 0 50 50 50 0 0 Intraval periphical D0220 D0220 0 0 50 50 50 0 0					0	0	\$0	\$0	\$0	0
Permiportation	· · · · · · · · · · · · · · · · · · ·				0	0		\$0	\$0	0
Additional Code-Transportation A0425 Per Mile 0 \$0					<u> </u>					0
Additional Codes-Transportation				Per Mile						0
Additional code - Transportation A0428 0 0 50 50 50 0 General dental services DD150 Encounter 0 0 50 50 50 0 Comp periodocal evaluation DD180 Encounter 0 0 50 50 50 0 Intracoral periapical DD220 0 0 50 <										
Comp periodental services D0150 D0180 Encounter O O S0 S0 S0 S0 S0 O Comp periodental evaluation D0180 Encounter O O S0 S0 S0 S0 O O Comp periodental evaluation D0220 O O S0 S0 S0 S0 O O Comp periodental evaluation D0220 O O S0 S0 S0 S0 S0 O O Comp periodental evaluation D0220 O O S0 S0 S0 S0 S0 O O S0 S0				Refer to Code Descriptions						
Comp periodottal evaluation D0180 Encounter O O S0 S0 S0 S0 O Intraoral periapical D0220 O O O S0 S0 S0 O O S0 S0						-04194				
Intraoral periapical D0220 D				Engounter					<u> </u>	
Intraoral periapical D0230 D0274 D0 D0 S0 S0 S0 S0 S0 S0				Encounter						
Bitewings D0274 O O O SO SO SO SO SO O Prophylaxis Adult D1110 O O O SO										
Prophylaxis Adult	• • • • • • • • • • • • • • • • • • • •									
Resin based comp-tone surface, ant D2331 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	***************************************									
Resin based comp-two surfaces, ant D2331 0 0 \$0										
Resin based comp-three surface, post D2391 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0			****							
Resin based comp-one surface, post D2391 O O O SO										
Resin based comp-two surfaces, post D2392 O O O SO SO SO SO SO O Resin based comp-three surfaces, post D2393 O O O O SO SO SO SO O O O O O SO SO SO	— ··· '									
Resin based comp-three surfaces, post D2393 0 0 0 0 50 50 50 50 0 0 0 0 0 0 0 0 0										
Crown, porc, fused to high D2750 0 0 \$0 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>										
Peridontal, main D4910 O O O O O O O O O O O O O O O O O O										
Surgical removal of erupted tooth D7210 0 0 \$0										0
Alveoloplasty in conjunction with extractions, per quadrant D7310 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0		<u></u>								0
Behavior Management/dental, by report D9920 0 0 \$0										0
Repair or Non-Routine Service for DME (Children's Waiver) E1340 15 Minutes 0 0 \$0 <th< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>0</td></th<>										0
Enhanced Medical Equipment-Supplies E1399 Items 0 0 \$0 <td></td> <td></td> <td></td> <td></td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td>					0	0	\$0	\$0	\$0	0
Activity Therapy (Children's Waiver) G0176 Encounter 0 0 \$				15 Minutes	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only G0177 Encounter 0 0 \$0 <td></td> <td></td> <td>E1399</td> <td>Items</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td>			E1399	Items	0	0	\$0	\$0	\$0	0
Medication administration G0351 0 0 \$0 <th< td=""><td></td><td></td><td>G0176</td><td>Encounter</td><td>0</td><td>0</td><td>\$0</td><td>\$0</td><td>\$0</td><td>0</td></th<>			G0176	Encounter	0	0	\$0	\$0	\$0	0
Assessment H0002 Encounter 3 3 \$431 \$144 \$144 \$1			G0177	Encounter	0	0	\$0	\$0	\$0	0
10002 Encounted 3 3 3451 5144 5144 [G0351	, man =	0	0	\$0	\$0	\$0	0
Crisis Residential Services H0018 Days 4 29 \$10,541 \$2,635 \$363 7			H0002	Encounter	3	3	\$431	\$144	\$144	1
	Crisis Residential Services		H0018	Days	4	29	\$10,541	\$2,635	\$363	7

North Country		rrenes o 1	Unit	9	** **	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units		\$777	\$342	2
Prevention Services - Direct Model		H0025	Face to Face Contact	26	59	\$20,204			3
Assessment		H0031	Encounter	85	222	\$34,509	\$406	\$155	5
Treatment Planning		H0032	Encounter	277	1,389	\$242,655	\$876	\$175	3
Health Services		H0034	15 Minutes	53	144	\$6,999	\$132	\$49	
Home Based Services	***	H0036	15 Minutes	2	403	\$21,586	\$10,793	\$54	202
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)	<u>-</u>	H0039	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	77	113	\$9,321	\$121	\$82	1
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	11	58	\$3,404	\$309	\$59	5
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	242	552,297	\$1,926,791	\$7,962	\$3	2,282
Community Living Supports (15 Minutes)		H2015	15 Minutes	224	1,356,265	\$3,429,714	\$15,311	\$3	6,055
Community Living Supports (Daily)		H2016	Per Diem	24	8,250	\$152,659	\$6,361	\$19	344
Community Living Supports (Daily)		H2016	Per Diem	21	5,835	\$241,402	\$11,495	\$41	278
Community Living Supports (Daily)		H2016	Per Diem	134	43,832	\$5,835,172	\$43,546	\$133	327
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	6	6,413	\$58,812	\$9,802	\$9	1,069
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	9	23,489	\$89,522	\$9,947	\$4	2,610
Medication Review		M0064	Encounter Face-to-Face	71	97	\$6,388	\$90	\$66	1
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	0	0	\$0	\$0	\$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116	Encounter	0	0	\$0	\$0	\$0	0
Chore Services		S5120	15 Minutes	0	0	\$0	\$0	\$0	0
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	173	112,846	\$121,609	\$703	\$1	652
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	1	12	\$451	\$451	\$38	12
Environmental Modification		S5165	Service	6	6	\$2,321	\$387	\$387	1
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124	Hour	0		\$0	\$0	\$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	Per Diem		0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	4	28	\$3,824	\$956	\$137	7
Health Services		S9446	Encounter	0	0	\$3,824	\$936	\$137	7
Health Services		S9470	Encounter	3	6	\$1,459	\$486	\$243	2
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$1,439	\$0	\$243	- 2
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State of Michigan

CMHSP Cost Data by Service Category

North Country			Unit						
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Reidential Room and Board		S9976	Days	2	14	\$464	\$232	\$33	7
Health Services		T1000	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	192	207	\$40,871	\$213	\$197	1
Health Services		T1002	Up to 15 min	235	564	\$22,216	\$95	\$39	2
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	2	6,130	\$26,529	\$13,265	\$4	3,065
Supports Coordination/Wrap Facilitation		T1016	15 minutes	533	19,579	\$1,340,860	\$2,516	\$68	37
Targeted Case Management		T1017	15 minutes	4	163	\$11,832	\$2,958	\$73	41
Nursing Home Mental Health Monitoring		T1017	15 minutes	2	5	\$156	\$78	\$31	3
Personal Care in Licensed Specialized Residential Setting		T1020	Days	129	40,752	\$497,690	\$3,858	\$12	316
Personal Care in Licensed Specialized Residential Setting		T1020	Days	47	15,704	\$703,765	\$14,974	\$45	334
Personal Care in Licensed Specialized Residential Setting		T1020	Days	4	1,460	\$92,665	\$23,166	\$63	365
Assessments		T1023	Encounter	9	11	\$1,682	\$187	\$153	1
Enhanced Medical Supplies or Pharmacy		T1999	Items	30	252	\$6,988	\$233	\$28	8
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	2	100	\$946	\$473	\$9	50
Transportation		T2003	Encounter / Trip	1	36	\$345	\$345	\$10	36
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015	Hour	9	1,273	\$16,271	\$1,808	\$13	141
Targeted Case Management (Children's Waiver)	* •	T2023	Month	1	8	\$3,342	\$3,342	\$418	8
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039	Items	3	3	\$7,891	\$2,630	\$2,630	1
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other		-		0	0	\$0	\$0	\$0	0
Total Population and Cost				821		\$15,214,686			

Persons with Developmental Disabilit

Northeast Michigan		wones e 1	Unit	•	** *	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units				
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	3	570	\$147,010	\$49,003	\$258	190
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$ 0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Ther/Proph/Diag ING, SC/IM - Children's Waiver		90772		0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment	***************************************	90801	Encounter	20	20	\$5,407	\$270	\$270	Ī
Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804	Encounter 20-30 Min	1	1	\$42	\$42	\$42	1
Therapy-Individual Therapy		90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806	Encounter 45-50 Min	2	8	\$590	\$295	\$74	4
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808	Encounter 75-80 Min	0	0	\$0	\$0	\$0	
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	- 0
Therapy-Individual Therapy		90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
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Northeast Michigan		HODOG G	Unit		***	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units			\$0	
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0		0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individua! Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	81	268	\$28,185	\$348	\$105	3
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	1	52	\$4,718	\$4,718	\$91	52
Speech & Language Therapy		92506	Encounter	5	5	\$767	\$153	\$153	1
Speech & Language Therapy		92507	Encounter	4	32	\$5,437	\$1,359	\$170	8
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	2	7	\$617	\$309	\$88	4
Speech & Language Therapy		92610	Encounter	i	1	\$106	\$106	\$106	1
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626	First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627	Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	31	101	\$20,199	\$652	\$200	3
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101		0	0	\$0	\$0	\$0	0
Psychological Testing by Technician (Children's Waiver)		96102		0	0	\$0	\$0	\$0	0
Psychological Testing by Comp (Children's Waiver)		96103		0	0	\$0	\$0	\$0	0
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	3	13	\$611	\$204	\$47	4
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	I	4	\$207	\$207	\$52	4
Neurobehavioral Status Exam (Children's Waiver)		96116		0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118		0	0	\$0	\$0	\$0	0
Neuropsych test by Tech (Children's Waiver)		96119		0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp (Children's Waiver)		96120		0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	1	1	\$190	\$190	\$190	1
		2.501				4	****		

Northeast Michigan Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Physical Therapy		97002	Encounter	1	7	\$892	\$892	\$127	7
Occupational Therapy		97003	Encounter	71	73	\$16,940	\$239	\$232	1
Occupational Therapy		97004	Encounter	2	6	\$488	\$244	\$81	3
Occupational or Physical Therapy		97110	15 Minutes	2	196	\$8,001	\$4,000	\$41	98
Occupational or Physical Therapy		97112	15 Minutes	2	120	\$5,688	\$2,844	\$47	60
Occupational or Physical Therapy		97113	15 Minutes	1	21	\$6,137	\$6,137	\$292	21
Occupational or Physical Therapy		97116	15 Minutes	1	4	\$149	\$149	\$37	4
Occupational or Physical Therapy		97124	15 Minutes	1	44	\$1,635	\$1,635	\$37	44
Occupational or Physical Therapy	1 2000	97140	15 Minutes	Ī	2	\$95	\$95	\$48	2
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	2	394	\$14,888	\$7,444	\$38	197
Occupational or Physical Therapy		97532	15 Minutes	1	36	\$1,337	\$1,337	\$37	36
Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535	15 Minutes	2	49	\$2,164	\$1,082	\$44	25
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy	2	97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761	15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762		0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803	15 Minutes	1	1	\$90	\$90	\$90	1
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	2	2	\$213	\$107	\$107	1
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	1	1	\$112	\$112	\$112	
Additional Codes-Physician Services		99214	Encounter	2	2	\$359	\$180	\$180	1
Additional Codes-Physician Services		99215	Encounter	2	2	\$505	\$253	\$253	1
Additional Codes-Physician Services		99221		0	0	\$0	\$0	\$0	C
Additional Codes-Physician Services		99222		0	0	\$0	\$0	\$0	
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	
Additional Codes-Physician Services		99231		0	0	\$0	\$0	\$0	(
Additional Codes-Physician Services		99232		0	0	\$0	\$0	\$0	
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	(
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	(
Additional Codes-Physician Services		99242	Encounter	0	0	\$0 \$0	\$0	\$0	. (
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	(
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	. (
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	(

Northeast Michigan		vienes e 1	Unit		## N	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units		\$0	\$0	0
Additional Codes-Physician Services		99252	Encounter	0	0	\$0		\$0	
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0		0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	<u>-</u>	99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	. 0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Peridontal, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340	15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Activity Therapy (Children's Waiver)		G0176	Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351	***	4	19	\$613	\$153	\$32	5
Assessment		H0002	Encounter	3	3	\$598	\$199	\$199	1
Crisis Residential Services		H0018	Days	0	0	\$0	\$0	\$0	0
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Free free Free Free Free Free Free Free	Northeast Michigan	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Processor Supervise Proc	Service Category	Revenue Code						\$0	\$0	0
Management Modera										1
Processes Proc	Assessment									3
Heart Nerwise 1905 15 Minutes 2 9 50,00 23,03 53 40	Treatment Planning									1
	Health Services									40
	Home Based Services									0
Pear	Community Psychiatric Supportive Treatment									0
Peer Internation Community Presenters Community Presenters Community Presenters Community Presenters Community Community Presenters Community Community Presenters Community Community Presenters Community	Peer Directed and Operated Support Services			15 minutes						
Name	Peer Directed and Operated Support Services									0
Nome 1960	Assertive Community Treatment (ACT)						411			0
Part	Community Living Supports in Independent living/own home						· · · · · ·			0
December	Respite									0
Maries M	Behavior Management Review		H2000	Encounter	55	197				4
Manual Heath Tenname North Neumann (1904) 15 minutes 128 66,298 144,870 137,80 37 37 37 37 37 37 37 3	Comprehensive Medication Services - EBP only	·	H2010	15 minutes	0	0				0
Section Sect	Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	8	43	\$850	\$106		5
Second December Per	Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	128	66,269	\$483,870	\$3,780		518
Second Process Seco	Community Living Supports (15 Minutes)	_	H2015	15 Minutes	203	505,690	\$3,249,000	\$16,005	\$6	2,491
Part	Community Living Supports (Daily)		H2016	Per Diem	39	12,246	\$360,686	\$9,248	\$29	314
Manual Name Supposed (1998) 15 Minutes 0 0 50 50 50 50 50 50	Community Living Supports (Daily)		H2016	Per Diem	26	6,822	\$338,899	\$13,035	\$50	262
Marganous	Community Living Supports (Daily)		H2016	Per Diem	107	34,943	\$4,686,412	\$43,798	\$134	327
Supported Employment Services 12023 15 minutes 138 130,125 \$880,644 \$60,382 \$7 948 Mental Health Therapy 11027 15 Minutes 0 0 50 50 50 60 Chilchbouse Psychocal Relabilitation Programs 11203 15 Minutes 0 4,057 \$23,707 \$3,571 \$5,05 50 50 Medical Childrows Psychocal Relabilitation Programs 11203 15 Minutes 0 4,057 \$23,707 \$3,571 \$5,05 50 50 Medical Childrows Psychocal Relabilitation Programs 11203 15 Minutes 0 0 0 50 50 50 50 Transportation 50209 Per Mile 0 0 50 50 50 50 50 Transportation 50215 Per Mile 0 0 50 50 50 50 50 Transportation 53110 15 Minutes 0 0 50 50 50 50 50 Transportation 53111 Encounter 5 111 \$2,512 \$502 \$228 72 Transportation 53110 15 Minutes 0 0 50 50 50 50 50 Fore Training Non-Family (Children's Waiver) 53116 Encounter 5 10 50 50 50 50 50 50	Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Merital Health Therapy (1327 15 Minutes 0 0 0 \$0 \$30 \$30 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	Wraparound		H2022	Days	0	0	\$0	\$0	\$0	0
Mental Health Therapy	Supported Employment Services		H2023	15 minutes	138	130,125	\$880,684	\$6,382	\$7	943
Medication Review M0064 Encounter Face-to-Face 53 181 \$10,185 \$192 \$56 2 Transportation \$0000 Per Mile 0 0 \$0 <td< td=""><td>Mental Health Therapy</td><td></td><td>H2027</td><td>15 Minutes</td><td>0</td><td>0</td><td>\$0</td><td>\$0</td><td>\$0</td><td>0</td></td<>	Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review M0064 Encounter Face-to-Face 33 181 \$10,85 \$192 \$56 Transportation \$2009 Per Mile 0 0 \$50 \$50 \$50 \$60 \$60 \$60 \$50 \$50 \$60 \$60 \$60 \$60 \$50 \$50 \$60 \$60 \$60 \$50 \$50 \$60 \$60 \$60 \$50 \$50 \$50 \$60 \$60 \$60 \$50 \$50 \$50 \$60 \$60 \$60 \$50 <td< td=""><td>Clubhouse Psychosocial Rehabilitation Programs</td><td></td><td>H2030</td><td>15 Minutes</td><td>6</td><td>4,057</td><td>\$23,707</td><td>\$3,951</td><td>\$6</td><td>676</td></td<>	Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	6	4,057	\$23,707	\$3,951	\$6	676
Transportation S0215 Per Mile 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0	Medication Review		M0064	Encounter Face-to-Face	53	181	\$10,185	\$192	\$56	3
Transportation	Transportation	- · - · ·	S0209	Per Mile	0	0	\$0	\$0	\$0	0
Family Training S5110 15 Minutes 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0	Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training	Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Home Care Training, Non-Family (Children's Waiver)				Encounter	5	11	\$2,512	\$502	\$228	2
Size					0					0
Poster Care										0
Poster Care		·								0
Respite S5150 15 Minutes 0 0 \$0										0
Respite S5151 Per Diem 0 0 \$0				· · · · · · · · · · · · · · · · · · ·						0
Personal Emergency Response System (PERS) S5160 Encounter 0 0 \$0										0
Personal Emergency Response System (PERS) S5161 Month 4 28 \$1,155 \$289 \$41 \$4 Environmental Modification \$5165 Service 3 3 \$10,415 \$3,472 \$3,472 \$1 Enhanced Medical Equipment-Supplies \$5199 Items 0 0 \$0						*				0
Environmental Modification S5165 Service 3 3 3 \$10,415 \$3,472 \$3,472 1 Enhanced Medical Equipment-Supplies S5199 Items 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0										7
Enhanced Medical Equipment-Supplies S5199 Items 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0										
Occupational or Physical Therapy S890 Encounter 0 0 \$0 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>1</td>										1
Private Duty Nursing 0582 S9123 Hour 1 3,571 \$191,431 \$191,431 \$54 3,571 Private Duty Nursing 0582 \$9124 Hour 1 8 \$319 \$319 \$40 \$8 Respite Care in the Home (RN) (Children's Waiver) \$9125 Per Diem 0 0 \$0										0
Private Duty Nursing 0582 S9124 Hour 1 8 \$319 \$319 \$40 \$8 Respite Care in the Home (RN) (Children's Waiver) \$9125 Per Diem 0 0 \$0		0502	· · · · · · · · · · · · · · · · · · ·							0
Respite Care in the Home (RN) (Children's Waiver) Respite Care in the Home (RN) (Children's Waiver) Respite Care in the Home (LPN) (Children's Waiver) S9125 Per Diem 0 0 \$\$0\$ \$\$0							-			
Respite Care in the Home (LPN) (Children's Waiver) \$9125 Per Diem 0 0 \$0		U382					· ·- ··			8
Health Services \$9445 Encounter 0 0 \$0										0
Health Services S9446 Encounter 0 0 \$0										
Health Services S9470 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0		74								0
Tetrapic Child California Tourist D										0
MICHISTO CHISIS SHOULZAUGH-ENTORICA FLOGRATI 0 0 \$0 \$0 \$0 \$0 \$0										0
	mensive Crisis Statimization-Enfolled Program		59484	Hour	0	0	\$0	\$0	\$0	0

Northeast Michigan		rrongo o 1	Unit	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code	HCPCS Code	Measure		0	\$0	\$0	\$0	0
Reidential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	
Health Services		T1000	Up to 15 min	0				\$152	4
Assessment		T1001	Encounter	156	648	\$98,520	\$632	\$132 \$47	9
Health Services		T1002	Up to 15 min	110	1,007	\$47,492	\$432		
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	34	59,428	\$66,461	\$1,955	\$1	1,748
Supports Coordination/Wrap Facilitation		T1016	15 minutes	360	7,691	\$649,310	\$1,804	\$84	21
Targeted Case Management		T1017	15 minutes	2	36	\$1,650	\$825	\$46	18
Nursing Home Mental Health Monitoring		T1017	15 minutes	3	73	\$2,304	\$768	\$32	24
Personal Care in Licensed Specialized Residential Setting		T1020	Days	113	36,243	\$416,411	\$3,685	\$11	321
Personal Care in Licensed Specialized Residential Setting		T1020	Days	58	17,078	\$752,824	\$12,980	\$44	294
Personal Care in Licensed Specialized Residential Setting		T1020	Days	4	791	\$69,950	\$17,488	\$88	198
Assessments		T1023	Encounter	11	16	\$1,438	\$131	\$90	1
Enhanced Medical Supplies or Pharmacy		T1999	Items	111	2,721	\$13,674	\$123	\$5	25
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015	Hour	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023	Month	1	11	\$4,044	\$4,044	\$368	11
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	1	1	\$96	\$96	\$96	I
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance	·	T2038	Month	1	1	\$311	\$311	\$311	1
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				37	0	\$27,840	\$752	\$0	0
Total Population and Cost				379		\$12,738,811			_

Northern Lakes			Unit				C+/C	C+/II-i+	Unit/Case
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	2	50	\$24,175	\$12,088	\$484	25
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	4	679	\$154,976	\$38,744	\$228	170
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	3	32	\$9,792	\$3,264	\$306	11
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	23	193	\$59,059	\$2,568	\$306	8
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370		*	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Ther/Proph/Diag ING, SC/IM - Children's Waiver	 ·	90772		0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	2	44	\$1,804	\$902	\$41	22
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	100	121	\$22,949	\$229	\$190	1
Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804	Encounter 20-30 Min	13	23	\$1,179	\$91	\$51	2
Therapy-Individual Therapy		90805	Encounter 20-30 Min	146	384	\$33,463	\$229	\$87	3
Therapy-Individual Therapy		90806	Encounter 45-50 Min	40	250	\$26,912	\$673	\$108	6
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808	Encounter 75-80 Min	3	5	\$820	\$273	\$164	2
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0

Northern Lakes			Unit	-		Cont	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code	HCPCS Code	Меаѕите	Cases	Units	Cost			
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	. 0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	11.00	90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	3	3	\$354	\$118	\$118	1
Therapy-Family Therapy		90847	Encounter	24	112	\$14,353	\$598	\$128	5
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	4	23	\$1,415	\$354	\$62	6
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	212	775	\$75,481	\$356	\$97	4
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	23	23	\$1,886	\$82	\$82	1
Speech & Language Therapy		92506	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626	First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627	Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation, Post-Lingual Hearing Loss (Children's Waiver)		92633	Endi Francisco III IVIII	0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	59	165	\$27,066	\$459	\$164	3
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101	11041	0	0	\$0	\$0	\$0	0
Psychological Testing by Technician (Children's Waiver)		96102		0	0	\$0	\$0	\$0	0
Psychological Testing by Comp (Children's Waiver)		96103		0	0	\$0	\$0	\$0	0
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	14	31	\$4,450	\$318	\$144	2
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0 \$0	
Neurobehavioral Status Exam (Children's Waiver)		96115	nouf	0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0 \$0	\$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96117	nouf	0	0	\$0 \$0	\$0 \$0	\$0 \$0	
Neuropsych test by Tech (Children's Waiver)		96118		0		\$0 \$0		\$0 \$0	0
Neuropsych test Admin w/Comp (Children's Waiver)		96119			0		\$0		
Physical Therapy		96120	T-agust	44	0 44	\$0	\$0 \$149	\$0 \$149	0
1 nyorous strotapy		97001	Encounter	44	44	\$6,540	\$149	\$149	1

Northern Lakes			Unit			6	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost			
Physical Therapy		97002	Encounter	1	1	\$149	\$149	\$149	1
Occupational Therapy		97003	Encounter	35	36	\$9,042	\$258	\$251	1
Occupational Therapy		97004	Encounter	8	12	\$2,522	\$315	\$210	2
Occupational or Physical Therapy		97110	15 Minutes	5	16	\$673	\$135	\$42	3
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	1	2	\$84	\$84	\$42	2
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	6	21	\$1,184	\$197	\$56	4
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy	-	97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761	15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762		0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	18	284	\$7,570	\$421	\$27	16
Assessment or Health Services		97803	15 Minutes	20	441	\$11,755	\$588	\$27	22
Health Services		97804	30 Minutes	4	10	\$267	\$67	\$27	3
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	***************************************	99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0 \$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0
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Northern Lakes			Unit				0 :10	0	H-://C
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120	To the state of th	0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0170	Per Mile	0	0	\$0 \$0	\$0	\$0	0
		A0423	Refer to Code Descriptions		0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation General dental services		D0150		0	0	\$0	\$0	\$0	0
		D0180	Encounter	0	0	\$0	\$0	\$0	0
Comp periodontal evaluation Intraoral periapical		D0180	Encounter	0	0	\$0	\$0	\$0	
Intraoral periapical Intraoral periapical		D0220		0	0		\$0	\$0	
		D0230		0	0	\$0	\$0	\$0	0
Bitewings				0	0	\$0	\$0	\$0	
Prophylaxis Adult		D1110 D2330		0		\$0	\$0		0
Resin based comp-one surface, ant		D2330 D2331	***************************************		0		<u>`</u>	\$0	0
Resin based comp-two surfaces, ant				0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Peridontal, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920	-	0	0	\$0	\$0	\$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340	15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	2	2	\$5,783	\$2,892	\$2,892	1
Activity Therapy (Children's Waiver)		G0176	Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	15	15	\$1,845	\$123	\$123	1
Crisis Residential Services		H0018	Days	5	77	\$22,114	\$4,423	\$287	15
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Northern Lakes		TTODOG O	Unit		77-5-	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025	Face to Face Contact	0			\$230	\$164	
Assessment		H0031	Encounter	385	540	\$88,578	\$230	\$164	
Treatment Planning		H0032	Encounter	136	238	\$39,040		\$104	
Health Services		H0034	15 Minutes	0	0	\$0	\$0		
Home Based Services		H0036	15 Minutes	5	403	\$18,592	\$3,718	\$46 \$0	81
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0		0
Peer Directed and Operated Support Services		H0038	15 minutes	34	8,764	\$15,386	\$453	\$2	258
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	5	369	\$22,188	\$4,438	\$60	74
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite	1. 1.11(077.51)	H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	45	141	\$34,693	\$771	\$246	3
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	39	602	\$45,293	\$1,161	\$75	15
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	342	607,177	\$2,355,016	\$6,886	\$4	1,775
Community Living Supports (15 Minutes)		H2015	15 Minutes	377	612,227	\$2,599,566	\$6,895	\$4	1,624
Community Living Supports (Daily)		H2016	Per Diem	18	1,429	\$44,288	\$2,460	\$31	79
Community Living Supports (Daily)		H2016	Per Diem	68	15,576	\$820,642	\$12,068	\$53	229
Community Living Supports (Daily)		H2016	Per Diem	151	42,323	\$5,421,579	\$35,904	\$128	280
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	160	114,524	\$444,196	\$2,776	\$4	716
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	22	32,381	\$79,323	\$3,606	\$2	1,472
Medication Review		M0064	Encounter Face-to-Face	179	664	\$40,844	\$228	\$62	4
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	17	23	\$3,301	\$194	\$144	1
Home Care Training, Non-Family (Children's Waiver)		S5116	Encounter	0	0	\$0	\$0	\$0	0
Chore Services		S5120	15 Minutes	2	56	\$217	\$109	\$4	28
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	312	249,037	\$148,798	\$477	\$1	798
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	1	10	\$359	\$359	\$36	10
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	1	1	\$77	\$77	\$77	1
Private Duty Nursing	0582	S9123	Hour	2	1,230	\$52,962	\$26,481	\$43	615
Private Duty Nursing	0582	S9124	Hour	3	1,072	\$46,159	\$15,386	\$43	357
Respite Care in the Home (RN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Health Services	··	S9445	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470	Encounter	0	0	\$0	\$0	\$0	
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$0		\$0	
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Northern Lakes		rranga o 1	Unit		Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code	HCPCS Code	Measure	Cases			\$0	\$0	0
Reidential Room and Board	W-44111 -	S9976	Days	0	0	\$0	\$0	\$0	
Health Services		T1000	Up to 15 min	0	0	\$0			<u>·</u>
Assessment		T1001	Encounter	67	85	\$12,200	\$182	\$144	
Health Services		T1002	Up to 15 min	75	310	\$10,125	\$135	\$33	4
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	5	6,500	\$24,680	\$4,936	\$4	1,300
Supports Coordination/Wrap Facilitation	400	T1016	15 minutes	213	3,636	\$148,450	\$697	\$41	17
Targeted Case Management		T1017	15 minutes	654	12,271	\$500,997	\$766	\$41	19
Nursing Home Mental Health Monitoring		T1017	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	72	19,285	\$358,608	\$4,981	\$19	268
Personal Care in Licensed Specialized Residential Setting		T1020	Days	75	19,811	\$1,125,633	\$15,008	\$57	264
Personal Care in Licensed Specialized Residential Setting		T1020	Days	70	17,306	\$1,752,066	\$25,030	\$101	247
Assessments	-··	T1023	Encounter	20	50	\$7,176	\$359	\$144	3
Enhanced Medical Supplies or Pharmacy		T1999	Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	45	47	\$26,865	\$597	\$572	1
Out of Home Prevocational Service		T2015	Hour	82	21,874	\$589,423	\$7,188	\$27	267
Targeted Case Management (Children's Waiver)		T2023	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies	-	T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				1,043		\$17,406,982			

Northpointe			Unit			0 :	Coat/Coas	Cost/Unit	Unit/Case
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case		
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	t	365	\$78,819	\$78,819	\$216	365
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154	AAAAAAAAAA	Days	2	21	\$14,709	\$7,355	\$700	11
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Ther/Proph/Diag ING, SC/IM - Children's Waiver		90772	******	0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	3	28	\$1,246	\$415	\$45	9
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	31	41	\$10,070	\$325	\$246	1
Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804	Encounter 20-30 Min	11	44	\$2,219	\$202	\$50	4
Therapy-Individual Therapy		90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806	Encounter 45-50 Min	9	48	\$4,842	\$538	\$101	5
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0

Persons with	Developmental	Disabilities
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Northpointe			Unit	_		Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units				0
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	. 0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847	Encounter	5	13	\$1,967	\$393	\$151	3
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	2	26	\$2,623	\$1,311	\$101	13
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	76	366	\$44,945	\$591	\$123	5
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	15	15	\$2,963	\$198	\$198	1
Speech & Language Therapy		92507	Encounter	2	3	\$593	\$296	\$198	2
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626	First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627	Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	9	31	\$4,691	\$521	\$151	3
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101		0	0	\$0	\$0	\$0	0
Psychological Testing by Technician (Children's Waiver)		96102		0	0	\$0	\$0	\$0	0
Psychological Testing by Comp (Children's Waiver)		96103		0	0	\$0	\$0	\$0	0
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	1	4	\$380	\$380	\$95	4
Neuropsych test by Psych/Phys (Children's Waiver)		96118		0	0	\$0	\$380	\$0	0
Neuropsych test by Tech (Children's Waiver)		96119	· · · · · · · · · · · · · · · · · · ·	0	0	\$0	\$0	\$0	
Neuropsych test Admin w/Comp (Children's Waiver)	-	96120		0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	4	5	\$489	\$122	\$98	1
		27001	Encounter	4	J	\$489	\$122	258	I

Northpointe			Unit		** *	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	\$0		\$0	0
Physical Therapy		97002	Encounter	0	0		\$0		
Occupational Therapy		97003	Encounter	48	53	\$14,758	\$307	\$278	1
Occupational Therapy		97004	Encounter	5	6	\$1,671	\$334	\$278	1
Occupational or Physical Therapy		97110	15 Minutes	8	16	\$557	\$70	\$35	
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0 \$35	
Occupational or Physical Therapy		97113	15 Minutes	3	5	\$174	\$58		
Occupational or Physical Therapy		97116	15 Minutes	5	10	\$348	\$70	\$35	2
Occupational or Physical Therapy		97124	15 Minutes	1	1	\$35	\$35	\$35	1
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	3	12	\$418	\$139	\$35	4
Occupational or Physical Therapy	A STATE OF THE STA	97530	15 Minutes	1	2	\$70	\$70	\$35	2
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	<u> 1</u>	23	\$800	\$800	\$35	23
Occupational or Physical Therapy		97535	15 Minutes	3	10	\$348	\$116	\$35	3
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	4	7	\$244	\$61	\$35	2
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761	15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762	•	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	44	134	\$5,045	\$115	\$38	3
Assessment or Health Services		97803	15 Minutes	37	153	\$5,760	\$156	\$38	4
Health Services	,	97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	•	99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	148	99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter		0	\$0	\$0	\$0	0
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Northpointe			Unit			•	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost			
Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0
General dental services		D0150		29	39	\$4,753	\$164	\$122	1
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220		1	1	\$25	\$25	\$25	1
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		2	2	\$77	\$39	\$39	1
Prophylaxis Adult		D1110		16	25	\$1,742	\$109	\$70	2
Resin based comp-one surface, ant		D2330		3	3	\$324	\$108	\$108	1
Resin based comp-two surfaces, ant		D2331		1	5	\$640	\$640	\$128	5
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		2	3	\$330	\$165	\$110	2
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Peridontal, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		3	4	\$440	\$147	\$110	1
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		4	4	\$2,047	\$512	\$512	ī
Repair or Non-Routine Service for DME (Children's Waiver)		E1340	15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	2	2	\$7,272	\$3,636	\$3,636	1
Activity Therapy (Children's Waiver)		G0176	Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration	***************************************	G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018	Days	0	0	\$0	\$0	\$0	
								90	

State of Michigan

Northpointe	D 0:	HODGE C- 1	Unit	C	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code	HCPCS Code	Measure	Cases		\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025	Face to Face Contact	0	0			\$202	1
Assessment		H0031	Encounter	77	90	\$18,158	\$236	\$166	3
Treatment Planning		H0032	Encounter	54	179	\$29,678	\$550		
Health Services		H0034	15 Minutes	0	0	\$0	\$0	\$0	
Home Based Services		H0036	15 Minutes	3	519	\$40,534	\$13,511	\$78	173
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	30	262	\$24,152	\$805	\$92	9
Behavior Management Review		H2000	Encounter	24	. 59	\$22,789	\$950	\$386	2
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	7	37	\$2,102	\$300	\$57	5
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	132	385,937	\$1,520,592	\$11,520	\$4	2,924
Community Living Supports (15 Minutes)		H2015	15 Minutes	43	99,256	\$439,572	\$10,223	\$4	2,308
Community Living Supports (Daily)		H2016	Per Diem	16	4,748	\$110,394	\$6,900	\$23	297
Community Living Supports (Daily)		H2016	Per Diem	8	2,610	\$140,016	\$17,502	\$54	326
Community Living Supports (Daily)		H2016	Per Diem	43	14,065	\$2,538,738	\$59,040	\$181	327
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	. 0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	35	62,920	\$313,732	\$8,964	\$5	1,798
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064	Encounter Face-to-Face	45	439	\$22,872	\$508	\$52	10
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	0	0	\$0	\$0	\$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116	Encounter	0	0	\$0	\$0	\$0	0
Chore Services		S5120	15 Minutes	0	0	\$0	\$0	\$0	0
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	52	35,423	\$120,446	\$2,316	\$3	681
Respite		S5151	Per Diem	16	68	\$6,423	\$401	\$94	4
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	1	1	\$35	\$35	\$35	1
Private Duty Nursing	0582	S9123	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124	Hour	0	0	\$0	\$0	\$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Health Services		\$9445	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470	Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$0	\$0	\$0	0

Northpointe	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code			Cases 0	0	\$0	\$0	\$0	0
Reidential Room and Board		S9976	Days			\$0	\$0	\$0	0
Health Services		T1000	Up to 15 min	0		\$14,588	\$365	\$261	1
Assessment		T1001	Encounter	40	56		\$363 \$186	\$261	7
Health Services		T1002	Up to 15 min	57	407	\$10,602			0
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	
Health Services		T1005	15 minutes	2	8,161	\$35,256	\$17,628	\$4	4,081
Supports Coordination/Wrap Facilitation		T1016	15 minutes	178	3,886	\$259,391	\$1,457	\$67	22
Targeted Case Management		T1017	15 minutes	37	528	\$26,755	\$723	\$51	. 14
Nursing Home Mental Health Monitoring		T1017	15 minutes	6	30	\$1,991	\$332	\$66	5
Personal Care in Licensed Specialized Residential Setting		T1020	Days	38	11,863	\$183,055	\$4,817	\$15	312
Personal Care in Licensed Specialized Residential Setting		T1020	Days	22	6,851	\$319,850	\$14,539	\$47	311
Personal Care in Licensed Specialized Residential Setting		T1020	Days	5	1,703	\$134,048	\$26,810	\$79	341
Assessments		T1023	Encounter	8	12	\$2,364	\$296	\$197	2
Enhanced Medical Supplies or Pharmacy		T1999	Items	39	387	\$6,651	\$171	\$17	10
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	5	5	\$2,627	\$525	\$525	1
Out of Home Prevocational Service		T2015	Hour	8	4,625	\$130,156	\$16,270	\$28	578
Targeted Case Management (Children's Waiver)		T2023	Month	2	23	\$9,810	\$4,905	\$427	12
Enhanced Medical Equipment-Supplies	***	T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	3	28	\$5,326	\$1,775	\$190	9
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				266	-	\$6,711,132			

Oakland	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category	0100, 0101, 0114,	TICI CD COde	Days	1	123	\$59,155	\$59,155	\$481	123
State Psychiatric Hospital - Inpatient PT22	0124, 0134, 0154		Days						
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	l 	75	\$16,245	\$16,245	\$217	
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	12	244	\$52,311	\$4,359	\$214	20
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	13	150	\$48,121	\$3,702	\$321	12
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	3	31	\$4,725	\$1,575	\$152	10
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Ther/Proph/Diag ING, SC/IM - Children's Waiver		90772		0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	6	50	\$15,366	\$2,561	\$307	8
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	177	196	\$75,335	\$426	\$384	1
Assessment-Psychiatric Assessment	<u>.</u>	90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804	Encounter 20-30 Min	36	67	\$7,498	\$208	\$112	2
Therapy-Individual Therapy		90805	Encounter 20-30 Min	2	2	\$224	\$112	\$112	1
Therapy-Individual Therapy		90806	Encounter 45-50 Min	136	577	\$122,734	\$902	\$213	4
Therapy-Individual Therapy		90807	Encounter 45-50 Min	13	42	\$8,934	\$687	\$213	3
Therapy-Individual Therapy		90808	Encounter 75-80 Min	96	345	\$119,746	\$1,247	\$347	4
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810	Encounter 20-30 Min	11	16	\$1,791	\$163	\$112	1
						,	9105	9112	

State of Michigan

Oakland			Unit				6	Contil Init	Unit/Case
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	-	90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	40	112	\$57,440	\$1,436	\$513	3
Therapy-Family Therapy		90847	Encounter	58	251	\$52,077	\$898	\$207	4
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	34	268	\$12,625	\$371	\$47	8
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	760	3,020	\$631,301	\$831	\$209	4
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	56	60	\$9,982	\$178	\$166	t
Speech & Language Therapy		92507	Encounter	61	448	\$145,112	\$2,379	\$324	7
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	36	40	\$16,113	\$448	\$403	1
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626	First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627	Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	149	491	\$83,892	\$563	\$171	3
Psychological Testing PSYCH/PHYS (Children's Waiver)	,	96101		0	0	\$0	\$0	\$0	0
Psychological Testing by Technician (Children's Waiver)		96102		0	0	\$0	\$0	\$0	0
Psychological Testing by Comp (Children's Waiver)		96103		0	0	\$0	\$0	\$0	0
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	4	7	\$598	\$150	\$85	2
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	683	2,662	\$454,829	\$666	\$171	4
Neurobehavioral Status Exam (Children's Waiver)		96116		0	0	\$0	\$0	\$0	
Assessments-Testing		96117	Hour		0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118		0	0	\$0	\$0	\$0	0
Neuropsych test by Tech (Children's Waiver)		96119	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp (Children's Waiver)		96120		0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter		- 0	\$0	\$0	\$0	0
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State of Michigan

Oakland			Unit			2 .	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost			
Physical Therapy		97002	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy	W.W	97003	Encounter	368	489	\$223,996	\$609	\$458	1
Occupational Therapy		97004	Encounter	0	0	\$0	\$0	\$0	
Occupational or Physical Therapy		97110	15 Minutes	19	140	\$11,962	\$630	\$85	7
Occupational or Physical Therapy		97112	15 Minutes	7	93	\$7,946	\$1,135	\$85	13
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	. 0
Occupational or Physical Therapy		97116	15 Minutes	18	72	\$6,152	\$342	\$85	4
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy	_	97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	61	497	\$42,474	\$696	\$85	8
Occupational or Physical Therapy		97530	15 Minutes	11	112	\$9,572	\$870	\$85	10
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	33	228	\$19,480	\$590	\$85	7
Occupational or Physical Therapy		97535	15 Minutes	99	486	\$41,524	\$419	\$85	5
Occupational or Physical Therapy		97537	15 Minutes	1	2	\$80	\$80	\$40	2
Occupational or Physical Therapy		97542	15 Minutes	202	1,315	\$112,354	\$556	\$85	7
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761	15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762	•	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	45	180	\$12,168	\$270	\$68	4
Assessment or Health Services		97803	15 Minutes	774	2,376	\$160,855	\$208	\$68	3
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	-	99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0
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Oakland	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code	99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	- 0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services			Encounter	0	0	\$0	\$0	\$0	- 0
Additional Codes-Physician Services		99261	Encounter	0		\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter		0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0		\$0	\$0		
Additional Codes-Physician Services		99272	Encounter	0	0		\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0			0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	
Transportation	-	A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A 0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	10	11	\$463	\$46	\$42	1
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0
General dental services		D0150		199	1,113	\$432,278	\$2,172	\$388	6
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392	**	0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Peridontal, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340	15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	Ī	1	\$3,169	\$3,169	\$3,169	1
Activity Therapy (Children's Waiver)		G0176	Encounter	2	24	\$2,052	\$1,026	\$86	12
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	381	412	\$125,644	\$330	\$305	1
Crisis Residential Services		H0018	Days	1	66	\$17,762	\$17,762	\$269	66
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Oakland			Unit		** 5	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025	Face to Face Contact	0	0			\$338	
Assessment		H0031	Encounter	603	652	\$220,089	\$365		4
Treatment Planning		H0032	Encounter	1,184	4,256	\$1,076,428	\$909	\$253	1
Health Services		H0034	15 Minutes	2	2	\$150	\$75	\$75	3
Home Based Services		H0036	15 Minutes	1	3	\$97	\$97	\$32 \$0	
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0		
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	
Assertive Community Treatment (ACT)		H0039	15 Minutes	1	91	\$5,311	\$5,311	\$58	91
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	692	12,075	\$1,347,449	\$1,947	\$112	17
Behavior Management Review		H2000	Encounter	837	939	\$151,141	\$181	\$161	1
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service	·	H2011	15 Minutes	90	653	\$68,245	\$758	\$105	
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	1,128	3,962,783	\$12,799,789	\$11,347	\$3	3,513
Community Living Supports (15 Minutes)		H2015	15 Minutes	943	6,747,449	\$24,628,189	\$26,117	\$4	7,155
Community Living Supports (Daily)		H2016	Per Diem	529	169,177	\$6,081,913	\$11,497	\$36	320
Community Living Supports (Daily)		H2016	Per Diem	269	78,456	\$5,299,703	\$19,701	\$68	292
Community Living Supports (Daily)		H2016	Per Diem	474	148,590	\$16,044,748	\$33,850	\$108	313
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	7	21	\$2,151	\$307	\$102	3
Supported Employment Services		H2023	15 minutes	470	1,117,063	\$3,574,602	\$7,606	\$3	2,377
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	11	13,009	\$45,792	\$4,163	\$4	1,183
Medication Review		M0064	Encounter Face-to-Face	2	7	\$409	\$205	\$58	4
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	26	41	\$9,091	\$350	\$222	2
Home Care Training, Non-Family (Children's Waiver)		S5116	Encounter	21	572	\$30,539	\$1,454	\$53	27
Chore Services		S5120	15 Minutes	0	0	\$0	\$0	\$0	0
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	763	631,141	\$1,760,883	\$2,308	\$3	827
Respite		S5151	Per Diem	25	297	\$6,513	\$261	\$22	12
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification	-1	S5165	Service	22	27	\$8,878	\$404	\$329	1
Enhanced Medical Equipment-Supplies		S5199	Items	1	1	\$9	\$9	\$9	1
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123	Hour	7	6,816	\$80,565	\$11,509	\$12	974
Private Duty Nursing	0582	S9124	Hour	7	11,293	\$95,878	\$13,697	\$8	1,613
Respite Care in the Home (RN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	
Health Services		S9445	Encounter	3	3	\$250	\$83	\$83	1
Health Services		S9446	Encounter	19	66	\$14,858	\$782	\$225	3
Health Services		\$9470	Encounter	201	252	\$32,878	\$164	\$130	1
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$0	\$0	\$0	0
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Oakland	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code	S9976	Days	1	66	\$1,452	\$1,452	\$22	66
Reidential Room and Board			Up to 15 min	- 0	0	\$0	\$0	\$0	0
Health Services		T1000		431	438	\$158,985	\$369	\$363	
Assessment		T1001	Encounter			\$1,074,718	\$963	\$106	9
Health Services		T1002	Up to 15 min	1,116	10,184			\$100	
Health Services		T1003	Up to 15 min	0	0	\$0	\$0		
Health Services		T1005	15 minutes	506	557,261	\$1,337,426	\$2,643	\$2	1,101
Supports Coordination/Wrap Facilitation		T1016	15 minutes	2,943	97,356	\$9,510,708	\$3,232	\$98	33
Targeted Case Management		T1017	15 minutes	11	639	\$35,532	\$3,230	\$56	58
Nursing Home Mental Health Monitoring		T1017	15 minutes	16	738	\$41,667	\$2,604	\$56	46
Personal Care in Licensed Specialized Residential Setting		T1020	Days	474	148,651	\$5,036,296	\$10,625	\$34	314
Personal Care in Licensed Specialized Residential Setting		T1020	Days	269	78,517	\$5,318,742	\$19,772	\$68	292
Personal Care in Licensed Specialized Residential Setting		T1020	Days	527	169,055	\$16,389,882	\$31,100	\$97	321
Assessments		T1023	Encounter	28	49	\$13,939	\$498	\$284	2
Enhanced Medical Supplies or Pharmacy		T1999	Items	107	550	\$4,758	\$44	\$9	5
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	19	22	\$17,046	\$897	\$775	1
Out of Home Prevocational Service		T2015	Hour	463	327,663	\$3,447,015	\$7,445	\$11	708
Targeted Case Management (Children's Waiver)		T2023	Month	40	403	\$200,021	\$5,001	\$496	10
Enhanced Medical Equipment-Supplies		T2028	Items	259	456	\$116,535	\$450	\$256	2
Enhanced Medical Equipment-Supplies	• • • • • • • • • • • • • • • • • • • •	T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	122	999	\$294,206	\$2,412	\$295	8
Enhanced Medical Equipment-Supplies		T2039	Items	12	12	\$31,841	\$2,653	\$2,653	1
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				3,392		\$119,643,402			

Ottawa Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114,	110100000	Days	3	228	\$81,062	\$27,021	\$356	76
State Esychiatric riospital - inpatient F 122	0124, 0134, 0154		Days						
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	4	1,216	\$268,967	\$67,242	\$221	304
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	2	17	\$10,617	\$5,309	\$625	9
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Ther/Proph/Diag ING, SC/IM - Children's Waiver		90772		0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	19	19	\$8,288	\$436	\$436	1
Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804	Encounter 20-30 Min	9	29	\$1,372	\$152	\$47	3
Therapy-Individual Therapy		90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806	Encounter 45-50 Min	7	31	\$2,805	\$401	\$90	4
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	-	90808	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	~	90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0

Persons with Developmental Disabi	ilities
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Ottawa		HCPCS Code	Unit		Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code		Measure	Cases	Onits 0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0		\$0	\$0	\$0 \$0	
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0		\$0	\$0	
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0		\$0	
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0		
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0		\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	155	618	\$112,830	\$728	\$183	4
Additional Codes-ECT Physician	and and an artist and a state of the state o	90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	19	21	\$11,422	\$601	\$544	1
Speech & Language Therapy		92507	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626	First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627	Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	7	43	\$4,156	\$594	\$97	6
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101		0	0	\$0	\$0	\$0	0
Psychological Testing by Technician (Children's Waiver)		96102		0	0	\$0	\$0	\$0	0
Psychological Testing by Comp (Children's Waiver)		96103		0	0	\$0	\$0	\$0	0
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Ноцг	1	1	\$438	\$438	\$438	1
Neurobehavioral Status Exam (Children's Waiver)		96116		0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118		0	0	\$0	\$0	\$0	0
Neuropsych test by Tech (Children's Waiver)		96119		0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp (Children's Waiver)		96120		0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	4	4	\$122	\$31	\$31	1
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05/31/2006 - Revised on 8/02/2006

Ottawa			Unit	_		Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units				
Physical Therapy		97002	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003	Encounter	14	14	\$4,141	\$296	\$296	1
Occupational Therapy		97004	Encounter	53	63	\$26,791	\$505	\$425	1
Occupational or Physical Therapy		97110	15 Minutes	3	13	\$155	\$52	\$12	4
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0_
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	3	7	\$530	\$177	\$76	2
Occupational or Physical Therapy		97532	15 Minutes	1	5	\$223	\$223	\$45	5
Occupational or Physical Therapy	-	97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535	15 Minutes	1	7	\$315	\$315	\$45	7
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761	15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762		0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	1	2	\$64	\$64	\$32	2
Assessment or Health Services		97803	15 Minutes	1	4	\$128	\$128	\$32	4
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	10-1-0	99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		0	0	\$0	\$0	\$0	
Additional Codes-Physician Services		99232	 -		0	\$0	\$0	\$0 \$0	0
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	
Additional Codes-Physician Services		99238	30 Minutes or less		0	\$0	\$0	\$0 \$0	0
Additional Codes-Physician Services		99238	Encounter	0	0	\$0 \$0	\$0 \$0	\$0 \$0	0
Additional Codes-Physician Services		99241	Encounter						
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services Additional Codes-Physician Services		99243		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services Additional Codes-Physician Services		99245 99251	Encounter	0	0	\$0	\$0	\$0	0
- Additional Codes Litystelati Del Fices		99231	Encounter	U	0	\$0	\$0	\$0	0

Ottawa			Unit	_		Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units			\$0	0
Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0		
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0 \$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0		0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Peridontal, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	
Behavior Management/dental, by report		D9920		0		\$0	\$0	\$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340	15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items			\$0	\$0	\$0	0
Activity Therapy (Children's Waiver)		G0176	Encounter	0	0	\$0	\$0	\$0	
Family Training/Support EBP only		G0173	Encounter		0	\$0	\$0	\$0	0
Medication administration		G0351	Encounter	2	4	\$27	\$14	\$7	
Assessment		H0002	Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0002	Days	0	0	\$0	\$0	\$0 \$0	0
		110010	Dujo	•				30	

Part	Ottawa	D . O. I.	HCPCS Code	Unit	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Present Note Devel Month Present Note Prese		Kevenue Code						\$0	\$0	
Manusham	Prevention Services - Direct Model									
Personal Process 1950 19	Assessment									
March Services Mint	Treatment Planning									
Horn March Services	Health Services									
Personal Support Sup	Home Based Services									
Perf Decinal Support Services 100	Community Psychiatric Supportive Treatment									
Pear Pear Pear Pear Pear Pear Pear Pear	Peer Directed and Operated Support Services			15 minutes						
Macrier Community Freedom (Act) Feedom 10 10 10 10 10 10 10 1	Peer Directed and Operated Support Services									
Persistant Per	Assertive Community Treatment (ACT)		H0039	15 Minutes						
Paper	Community Living Supports in Independent living/own home		H0043	Per diem						
Peach of Management Nervor Peach of Manag	Respite		H0045	Per Diem						
Compressive Medication Services Compressive Medication 19 Minuse 14 59 \$1.54 50 1.55 4.20	Behavior Management Review		H2000	Encounter	29	53				
Seal Information Service 1204 1.5 minutes 371 1.31, 795 3.65 1.00 1.10 3.10 4.20	Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0			0
Community Livers Supports (15 Minets)	Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	14	59	\$8,544			44
Community Living Support (Polish)	Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	317	1,331,795	\$3,651,120	\$11,518	\$3	4,201
Community Name (support (Name) Name Na	Community Living Supports (15 Minutes)		H2015	15 Minutes	234	749,088	\$3,047,240	\$13,022	\$4	3,201
Community Living Supports (Daily) Fee Diem 20 5,725 525,419 512,721 544 286 Community Living Supports (Daily) Fee Diem 60 60 60 60 60 60 60 6	Community Living Supports (Daily)		H2016	Per Diem	53	17,885	\$500,280	\$9,439	\$28	337
Community Living Supports (Daily) Fer Derm 69 24,044 32,934,617 542,518 512 348 512 518			H2016	Per Diem	20	5,725	\$254,419	\$12,721	\$44	286
Belavior Services H2019 15 Minutes 0 0 50 50 50 50 0 0 50			H2016	Per Diem	69	24,044	\$2,934,615	\$42,531	\$122	348
Properties			H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Menal Employment Services H2023 15 minutes 95 40,028 434,674 34,678 31 421 Menal Itelath Therapy H2027 15 Minutes 3 3,635 83,665 82,089 32 121 Clubhouser Psychogonal Rehabiliation Programs M1064 Emounter Face-brace 0 0 0 50 50 50 0 Mediation Review M0064 Emounter Face-brace 0 0 0 50 50 50 0 Transportation S0209 Per Mile 0 0 0 50 50 50 0 Transportation S0215 Per Mile 0 0 0 50 50 50 0 Family Training S110 Emounter 21 339 32,708 31,319 382 10 Family Training S110 Emounter 15 84 \$4,788 \$319 \$57 60 Horror Care Training, Non-Remity (Children's Waiver) S5116 Emounter 15 84 \$4,788 \$319 \$57 60 Forser Care S5140 Days 0 0 0 50 50 50 50 Forser Care S5140 Days 0 0 0 50 50 50 Forser Care S5140 Days 0 0 0 50 50 50 Forser Respite S5151 Per Diem 8 73 \$7,724 3966 5106 50 Fersonal Emergency Response System (PERS) S5161 Months 0 0 0 50 50 50 Fersonal Emergency Response System (PERS) S5161 Months 0 0 0 50 50 50 Fersonal Emergency Response System (PERS) S5161 Months 0 0 0 50 50 50 Fersonal Emergency Response System (PERS) S5161 Months 0 0 0 50 50 50 Fersonal Emergency Response System (PERS) S5161 Months 0 0 0 50 50 50 Fersonal Emergency Response System (PERS) S5161 Months 0 0 0 50 50 50 Fersonal Emergency Response System (PERS) S5161 Months 0 0 0 50 50 50 Fersonal Emergency Response System (PERS) S5161 Months 0 0 0 50 50 50 Fersonal Emergency Response System (PERS) S5161 Months 0 0 0 50 50 50 Fersonal Emergency Response System (PERS) S5161 Months 0 0 0 50 50 50 Fersonal Emergency Response System (PERS) S5161 Months 0 0 0 0 50 50 Fersonal Emerge			H2022	Days	0	0	\$0	\$0	\$0	0
Medical Health Therapy	<u> </u>		H2023	15 minutes	95	40,028	\$434,674	\$4,576	\$11	421
Personal Energency Response System (PERS) S162 S172 S184 S165 S172 S184 S165 S185	<u> </u>		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review			H2030	15 Minutes	3	3,635	\$8,966	\$2,989	\$2	1,212
Per Mille 0					0	·		\$0	\$0	0
Personal Energency Response System (PERS) S102 S103 S104 S105					0	0	\$0	\$0	\$0	0
Parnily Training								\$0		0
Parally Training S5111 Encounter 15 84 \$4,788 \$1319 \$82 16 Home Care Training, Non-Family (Children's Waiver) S5116 Encounter 15 84 \$4,788 \$319 \$57 6 Chore Services S5120 15 Minutes 0 0 \$0 \$0 \$0 \$0 \$0 \$0								\$0	\$0	0
Home Care Training, Non-Family (Children's Waiver)										16
Chore Services				*******						
Poster Care										
Poster Care										
Respite S5150 15 Minutes 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0										
Respite S5151 Per Diem 8 73 \$7,724 \$966 \$106 9 Personal Emergency Response System (PERS) S5160 Encounter 0 0 \$0 <										
Personal Emergency Response System (PERS) S5161 Month 0 0 0 \$0 \$0 \$0 \$0 \$0										
Personal Emergency Response System (PERS) S5161 Month 0 0 \$0 \$0 \$0 \$0 \$0 \$0										
Environmental Modification S5165 Service 0 0 50 \$0 \$0 \$0 \$0 \$0									· · · · · · · · · · · · · · · · · · ·	
Enhanced Medical Equipment-Supplies S5199 Items 0 0 50 50 50 0 Occupational or Physical Therapy 58990 Encounter 0 0 \$0										
Occupational or Physical Therapy S8990 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$20										
Private Duty Nursing 0582 \$9123 Hour 1 32 \$847 \$847 \$26 32 Private Duty Nursing 0582 \$9124 Hour 1 5,656 \$149,669 \$149,669 \$26 5,656 Respite Care in the Home (RN) (Children's Waiver) \$9125 Per Diem 0 0 \$0 <td< td=""><td>The second secon</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	The second secon									
Private Duty Nursing 0582 S9124 Hour 1 5,656 \$149,669 \$149,669 \$26 5,656 Respite Care in the Home (RN) (Children's Waiver) S9125 Per Diem 0 0 \$0								· · · · · · · · · · · · · · · · · · ·		
Respite Care in the Home (RN) (Children's Waiver) S9125 Per Diem 0 0 \$0										
Respite Care in the Home (LPN) (Children's Waiver) S9125 Per Diem 0 0 \$0		0582				· · · · · · · · · · · · · · · · · · ·		<u> </u>		
Health Services S9445 Encounter 12 13 \$1,087 \$91 \$84 1 Health Services S9446 Encounter 0 0 \$0	- in-									0
Health Services S9446 Encounter 0 0 \$0							\$0	\$0	\$0	0
Health Services S9470 Encounter 0 0 \$0						13	\$1,087	\$91	\$84	1
Date Discountry O 30 30 30 0				Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program S9484 Hour 0 0 \$0 \$0 \$0 \$0 0				Encounter	0	0	\$0	\$0	\$0	0
	Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$0	\$0	\$0	0

Ottawa	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue code	S9976	Days	0	0	\$0	\$0	\$0	0
Reidential Room and Board		T1000	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1001	Encounter	45	58	\$47,711	\$1,060	\$823	1
Assessment		T1002	Up to 15 min	34	232	\$7,600	\$224	\$33	7
Health Services		T1002	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	120	83,791	\$280,640	\$2,339	\$3	698
Health Services			15 minutes	440	4,621	\$1,019,718	\$2,318	\$221	11
Supports Coordination/Wrap Facilitation		T1016		13	288	\$39,013	\$3,001	\$135	22
Targeted Case Management		T1017	15 minutes		0	\$39,013	\$5,001	\$0	
Nursing Home Mental Health Monitoring		T1017	15 minutes	0				\$18	335
Personal Care in Licensed Specialized Residential Setting		T1020	Days	75	25,161	\$452,140	\$6,029		
Personal Care in Licensed Specialized Residential Setting		T1020	Days	33	9,970	\$448,516	\$13,591	\$45	302
Personal Care in Licensed Specialized Residential Setting		T1020	Days	37	12,274	\$1,021,323	\$27,603	\$83	332
Assessments		T1023	Encounter	22	216	\$180,926	\$8,224	\$838	10
Enhanced Medical Supplies or Pharmacy		T1999	Items	0	0	\$0	\$0	\$0	
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	16	16	\$24,637	\$1,540	\$1,540	1
Out of Home Prevocational Service		T2015	Hour	22	6,009	\$593,622	\$26,983	\$99	273
Targeted Case Management (Children's Waiver)		T2023	Month	22	216	\$80,749	\$3,670	\$374	10
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	10	17	\$5,287	\$529	\$311	2
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				2	0	\$156	\$78	\$0	0
Other			-	47	0	\$288,909	\$6,147	\$0	0
Total Population and Cost				595		\$16,667,413			

Pathways	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category		TICI CD COGC	Days	8	2,332	\$848,848	\$106,106	\$364	292
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days				<u>'</u>		
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	7	68	\$49,937	\$7,134	\$734	10
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Anciliary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307	-	# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444	_	# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Ther/Proph/Diag ING, SC/IM - Children's Waiver		90772		0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	3	15	\$290	\$97	\$19	5
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	12	12	\$6,409	\$534	\$534	1
Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804	Encounter 20-30 Min	3	6	\$759	\$253	\$127	2
Therapy-Individual Therapy		90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806	Encounter 45-50 Min	15	160	\$29,280	\$1,952	\$183	11
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	- 0
Therapy-Individual Therapy		90808	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0

Pathways Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy Therapy-Individual Therapy		90814	Encounter 75-80 Min		0	\$0	\$0	\$0	
Therapy-Individual Therapy Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
	ALL:	90817	Encounter 20-30 Min	0		\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0 \$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 75-80 Min	0	0	\$0	\$0	\$0	
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	
Therapy-Individual Therapy		90822	Encounter 73-80 Min Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823		0		\$0	\$0 \$0	\$0	
Therapy-Individual Therapy			Encounter 20-30 Min	0	0			\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min		0	\$0	\$0		0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	1	1	\$191	\$191	\$191	1
Therapy-Family Therapy		90847	Encounter	4	5	\$828	\$207	\$166	1
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	11	257	\$17,242	\$1,567	\$67	23
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	100	419	\$109,665	\$1,097	\$262	4
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	44	45	\$22,572	\$513	\$502	1
Speech & Language Therapy		92507	Encounter	21	222	\$59,418	\$2,829	\$268	11
Speech & Language Therapy		92508	Encounter	7	109	\$22,830	\$3,261	\$209	16
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy	.	92610	Encounter	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626	First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627	Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	31	58	\$16,386	\$529	\$285	2
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101		0	0	\$0	\$0	\$0	0
Psychological Testing by Technician (Children's Waiver)		96102		0	0	\$0	\$0	\$0	0
Psychological Testing by Comp (Children's Waiver)		96103		0	0	\$0	\$0	\$0	0
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	1	8	\$2,886	\$2,886	\$385	8
Neuropsych test by Psych/Phys (Children's Waiver)	-	96118		0	0	\$0	\$0	\$0	0
Neuropsych test by Tech (Children's Waiver)		96119	**	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp (Children's Waiver)		96120	11-11-11	0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	I	1	\$117	\$117	\$117	1
			P. M. M.			_			

Fiscal Year 2004-2005

Propose Prop	Pathways			Unit						
Decemporal Treney 97104 Recornic 54 58 37,348 31,00 3 0 0 0 0 0 0 0 0	Service Category	Revenue Code	HCPCS Code		Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
December Travery	Physical Therapy		97002	Encounter	0	0	\$0	\$0	\$0	0
Companient of Physical Therapy 1711 15 Montine 1	Occupational Therapy		97003	Encounter	54	56	\$75,048	\$1,390	\$1,340	<u>i</u>
Conceptions or Physical Pheray 1711 15 Minores 8 8 9 95 90 90 90 90 90 90	Occupational Therapy		97004	Encounter	0	0	\$0	\$0	\$0	0
Procurement or Preparal Therapy 7111 15 Manuter 0 0 50 50 0 0 0 0 0	Occupational or Physical Therapy		97110	15 Minutes	0	0	\$0	\$0	\$0	0
Processes of Process Tenney 97116 15 Manuser 0 0 50 50 50 50 50 50	Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Companies of Physical Therety 9716 15 Menters 0 6 93 50 53 0 0 0 0 0 0 0 0 0	Occupational or Physical Therapy		97113	15 Minutes	0	0			\$0	0
Cocceptions of Physical Therapy 9140 15 Minuses 0 0 10 50 31 10 10 10 10 10 10 1	Occupational or Physical Therapy		97116	15 Minutes	0	0			\$0	0
	Occupational or Physical Therapy			15 Minutes	0	0			\$0	0
December Tempy 97594 15 Minutes 0 0 50 50 50 50 50 50	Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	
December of Physical Theory	Occupational or Physical Therapy		97150	Encounter	7	57	\$27,254	\$3,893	\$478	8
Designation of Physical Thurary 97531 15 Minutes 0 0 50 10 50 50 50 50	Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Procupational Computational Confessional C	Occupational or Physical Therapy			15 Minutes		0				0
Production for Physical Theory	Occupational or Physical Therapy			15 Minutes	19					
Decognitional or Physicial Therapy	Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Decupational or Physical Therapy	Occupational or Physical Therapy		97535	15 Minutes	0	0	\$0		\$0	
Cocceptational Therapy	Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Cocupational Therapy	Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Prosphetic Training Children's Wisher)	Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)	Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Co for Orthotic Prostit Use (Childrer's Waiver)	Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services 97802 15 Minutes 0 0 0 \$70 \$70 \$3 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	Prosthetic Training (Children's Waiver)		97761	15 Minutes	0	0	\$0			0
Assessment or Health Services 97803 15 Minutes 0 0 \$0 \$0 \$0 \$0 \$0 \$0	C/O for Orthotic/Prosth Use (Children's Waiver)		97762		0	0	\$0	\$0	\$0	0
Pealth Services 97804 30 Minutes 1 4 \$32 \$32 \$38 4	Assessment or Health Services		97802	15 Minutes	15	210	\$17,014		\$81	14
Additional Codes-Physician Services 99201 Encounter 0 0 30 30 50 50 0 0 Additional Codes-Physician Services 99202 Encounter 0 0 0 30 50 50 0 0 0 0 0 0 0 0 0 0 0 0	Assessment or Health Services		97803	15 Minutes	0	0	····			0
Additional Codes-Physician Services 99202 Encounter 0 0 50 50 50 50 0 0 Additional Codes-Physician Services 99204 Encounter 0 0 0 50 50 50 50 0 0 0 Additional Codes-Physician Services 99205 Encounter 0 0 0 50 50 50 50 50 0 0 0 Additional Codes-Physician Services 99211 Encounter 0 0 0 50 50 50 50 50 50 0 0 0 0 0 0 50 5	Health Services		97804	30 Minutes	1	4				
Additional Codes-Physician Services 99203 Encounter 0 0 \$0	Additional Codes-Physician Services		99201	Encounter		0				
Additional Codes-Physician Services 99204 Encounter 0 0 \$0	Additional Codes-Physician Services		99202	Encounter	0	0				
Additional Codes-Physician Services 99205 Encounter 0 0 \$0	Additional Codes-Physician Services		99203	Encounter		0				
Additional Codes-Physician Services 99211 Encounter 0 0 50 50 50 0 Additional Codes-Physician Services 99212 Encounter 0 0 50 50 50 0 Additional Codes-Physician Services 99214 Encounter 0 0 50 50 50 0 Additional Codes-Physician Services 99215 Encounter 0 0 50 50 50 0 Additional Codes-Physician Services 99215 Encounter 0 0 50 50 50 0 Additional Codes-Physician Services 99212 Encounter 0 0 50	Additional Codes-Physician Services		99204	Encounter						
Additional Codes-Physician Services 99212 Encounter 0 0 \$0	Additional Codes-Physician Services		99205	Encounter	0	0				
Additional Codes-Physician Services 99213 Encounter 0 0 \$0	Additional Codes-Physician Services			Encounter						
Additional Codes-Physician Services 99214 Encounter 0 0 \$0	Additional Codes-Physician Services									
Additional Codes-Physician Services 99215 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$1 \$1 \$1 \$79 \$79 \$79 \$1 \$1 \$4 \$62 \$62 \$1 \$2 \$2 \$2 \$124 \$62 \$62 \$1 \$2 \$2 \$2 \$124 \$62 \$62 \$1 Additional Codes-Physician Services 99231 3 \$1 \$891 \$297 \$81 4 Additional Codes-Physician Services 99232 1 \$1 \$1 \$79 \$79 \$79 \$1	Additional Codes-Physician Services									
Additional Codes-Physician Services 99221 1 1 \$79 \$79 \$79 1 Additional Codes-Physician Services 99222 2 \$124 \$62 \$62 1 Additional Codes-Physician Services 99223 0 0 \$0 <	Additional Codes-Physician Services			Encounter						
Additional Codes-Physician Services 99222 2 \$124 \$62 \$62 1 Additional Codes-Physician Services 99233 0 0 \$80 \$90 \$9 Additional Codes-Physician Services 99231 3 11 \$891 \$297 \$81 4 Additional Codes-Physician Services 99232 1 1 \$79 \$79 \$79 1 Additional Codes-Physician Services 99233 0 0 \$0 </td <td>Additional Codes-Physician Services</td> <td></td> <td></td> <td>Encounter</td> <td>***</td> <td></td> <td></td> <td></td> <td></td> <td></td>	Additional Codes-Physician Services			Encounter	***					
Additional Codes-Physician Services 99223 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$1 \$297 \$81 \$4 Additional Codes-Physician Services 99232 1 1 1 \$79 \$79 \$79 \$1 Additional Codes-Physician Services 99238 30 Minutes or less 0 0 \$0	Additional Codes-Physician Services									
Additional Codes-Physician Services 99231 3 11 \$891 \$297 \$81 4 Additional Codes-Physician Services 99232 1 1 \$79 \$79 \$79 1 Additional Codes-Physician Services 99233 0 0 \$0	Additional Codes-Physician Services									
Additional Codes-Physician Services 99232 1 1 \$79 \$79 \$79 \$1 Additional Codes-Physician Services 99233 0 0 \$0	Additional Codes-Physician Services		99223		0					
Additional Codes-Physician Services 99233 0 0 \$0	Additional Codes-Physician Services									
Additional Codes-Physician Services 99238 30 Minutes or less 0 0 \$0	Additional Codes-Physician Services									
Additional Codes-Physician Services 99241 Encounter 0 0 \$0	Additional Codes-Physician Services									
Additional Codes-Physician Services 99242 Encounter 0 0 \$0	Additional Codes-Physician Services		99238	30 Minutes or less	0	0				
Additional Codes-Physician Services 99243 Encounter 0 0 \$0	Additional Codes-Physician Services		99241	Encounter	0					
Additional Codes-Physician Services 99244 Encounter 0 0 \$0	Additional Codes-Physician Services			Encounter	0					
Additional Codes-Physician Services 99245 Encounter 0 0 \$0	Additional Codes-Physician Services			Encounter						
	Additional Codes-Physician Services		99244	Encounter	0	0				
Additional Codes-Physician Services 99251 Encounter 0 0 \$0	Additional Codes-Physician Services			Encounter						
	Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0

Pathways			Unit			6 .	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost			
Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation	-	A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	16	31	\$72,254	\$4,516	\$2,331	2
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Peridontal, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Repair or Non-Routine Service for DME (Children's Waiver)	***	E1340	15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Activity Therapy (Children's Waiver)		G0176	Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		0	0		\$0	\$0	0
Assessment		H0002	Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018	Days	0	0	\$0	\$0	\$0	0
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Pathways	Revenue Code	HCPCS Code	Unit	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code		Measure	7	106	\$14,072	\$2,010	\$133	15
Prevention Services - Direct Model	1.00	H0025	Face to Face Contact	95	153	\$35,248	\$371	\$230	2
Assessment		H0031	Encounter			\$53,783	\$476	\$349	<u>2</u>
Treatment Planning		H0032	Encounter	113	154		\$369	\$104	4
Health Services		H0034	15 Minutes	13	46	\$4,801	\$7,743	\$104	40
Home Based Services	_	H0036	15 Minutes	26	1,039	\$201,317	\$7,743	\$194	0
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0			
Peer Directed and Operated Support Services		H0038	15 minutes	154	64,729	\$541,782	\$3,518	\$8	420
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0		
Assertive Community Treatment (ACT)		H0039	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	58	187	\$63,135	\$1,089	\$338	3
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	29	234	\$13,177	\$454	\$56	8
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	256	238,276	\$1,989,605	\$7,772	\$8	931
Community Living Supports (15 Minutes)		H2015	15 Minutes	257	768,121	\$3,894,373	\$15,153	\$5	2,989
Community Living Supports (Daily)		H2016	Per Diem	14	3,929	\$133,782	\$9,556	\$34	281
Community Living Supports (Daily)		H2016	Per Diem	34	8,694	\$480,778	\$14,141	\$55	256
Community Living Supports (Daily)		H2016	Per Diem	114	35,606	\$6,293,717	\$55,208	\$177	312
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	175	253,908	\$1,751,965	\$10,011	\$7	1,451
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064	Encounter Face-to-Face	8	26	\$3,857	\$482	\$148	3
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	47	331	\$21,753	\$463	\$66	7
Home Care Training, Non-Family (Children's Waiver)		S5116	Encounter	0	0	\$0	\$0	\$0	0
Chore Services		S5120	15 Minutes	1	44	\$234	\$234	\$5	44
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151	Per Diem	2	4	\$651	\$326	\$163	2
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	2	4	\$300	\$150	\$75	2
Environmental Modification		\$5165	Service	1	1	\$5	\$5	\$5	1
Enhanced Medical Equipment-Supplies		S5199	Items	2	8	\$417	\$209	\$52	4
Occupational or Physical Therapy		\$8990	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124	Hour	1	105	\$3,345	\$3,345	\$32	105
Respite Care in the Home (RN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	Per Diem	0	- 0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470	Encounter	21	76	\$27,338	\$1,302	\$360	4
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$0	\$0	\$0	
Antonoria Crisis Ordenization Diabated Fregueni		57707	11041			φ0			

Pathways			Unit						
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Reidential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Health Services		T1000	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	37	49	\$16,848	\$455	\$344	1
Health Services		T1002	Up to 15 min	32	524	\$68,330	\$2,135	\$130	16
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	90	95,570	\$600,180	\$6,669	\$6	1,062
Supports Coordination/Wrap Facilitation		T1016	15 minutes	541	14,068	\$1,367,550	\$2,528	\$97	26
Targeted Case Management		T1017	15 minutes	77	1,183	\$72,128	\$937	\$61	15
Nursing Home Mental Health Monitoring	AAA	T1017	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	120	32,661	\$491,221	\$4,094	\$15	272
Personal Care in Licensed Specialized Residential Setting		T1020	Days	35	6,221	\$347,816	\$9,938	\$56	178
Personal Care in Licensed Specialized Residential Setting		T1020	Days	21	3,455	\$359,666	\$17,127	\$104	165
Assessments		T1023	Encounter	20	28	\$4,615	\$231	\$165	1
Enhanced Medical Supplies or Pharmacy		T1999	Items	112	1,532	\$78,791	\$703	\$51	14
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015	Hour	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	2	2	\$987	\$494	\$494	1
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	1	1	\$337	\$337	\$337	1
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other	***			0	0	\$0	\$0	\$0	0
Total Population and Cost				603		\$20,338,714			

Pines Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	1	365	\$70,810	\$70,810	\$194	365
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	1	8	\$4,280	\$4,280	\$535	8
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Ther/Proph/Diag ING, SC/IM - Children's Waiver		90772		0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	6	62	\$3,232	\$539	\$52	10
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	7	7	\$1,856	\$265	\$265	1
Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90805	Encounter 20-30 Min	8	8	\$480	\$60	\$60	1
Therapy-Individual Therapy	V	90806	Encounter 45-50 Min	ĺ	3	\$251	\$251	\$84	3
Therapy-Individual Therapy		90807	Encounter 45-50 Min	18	130	\$11,628	\$646	\$89	7
Therapy-Individual Therapy		90808	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	110 AAMAAN 94	90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0

Pines		**************************************	Unit		** 5	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	\$0	\$0	\$0	0
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0		\$0	\$0	
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0		\$0	
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0		
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	
Therapy-Individual Therapy	1.8.1.10	90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847	Encounter	1	2	\$240	\$240	\$120	2
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	4	41	\$1,570	\$393	\$38	10
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	60	227	\$20,522	\$342	\$90	4
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626	First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627	Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation, Post-Lingual Hearing Loss (Children's Waiver)		92633		0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101		0	0	\$0	\$0	\$0	0
Psychological Testing by Technician (Children's Waiver)		96102		0	0	\$0	\$0	\$0	0
Psychological Testing by Comp (Children's Waiver)		96103		0	0	\$0	\$0	\$0	0
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118		0	0	\$0	\$0	\$0	0
Neuropsych test by Tech (Children's Waiver)		96119		0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp (Children's Waiver)		96120		0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	16	48	\$900	\$56	\$19	3

Pines Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Physical Therapy		97002	Encounter	1	2	\$38	\$38	\$19	2
Occupational Therapy		97003	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97004	Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110	15 Minutes	9	39	\$3,763	\$418	\$96	4
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	10	75	\$5,910	\$591	\$79	8
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761	15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762		0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0

Pines			Unit	_		0.1	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost			
Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	·	99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		1	2	\$216	\$216	\$108	2
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Peridontal, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340	15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Activity Therapy (Children's Waiver)		G0176	Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	23	23	\$2,725	\$118	\$118	1
Crisis Residential Services		H0018	Days	0	0	\$0	\$0	\$0	0
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Pines	B C-1-	HCPCS Code	Unit	Canan	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code		Measure	Cases 0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model	_	H0025	Face to Face Contact		- 6	\$720	\$120	\$120	1
Assessment		H0031	Encounter	6		\$1,170	\$120	\$120	2
Treatment Planning		H0032	Encounter	23	49		\$0	\$0	
Health Services		H0034	15 Minutes	0	0	\$0 \$0	\$0	\$0	0
Home Based Services		H0036	15 Minutes	0	0		\$0	\$0 \$0	
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0		\$0	
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0		
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	
Assertive Community Treatment (ACT)		H0039	15 Minutes	7	1,262	\$37,860	\$5,409	\$30	180
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	6	31	\$930	\$155	\$30	
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	60	267,598	\$554,354	\$9,239	\$2	4,460
Community Living Supports (15 Minutes)		H2015	15 Minutes	34	141,843	\$329,583	\$9,694	\$2	4,172
Community Living Supports (Daily)		H2016	Per Diem	19	2,384	\$57,291	\$3,015	\$24	125
Community Living Supports (Daily)		H2016	Per Diem	13	3,725	\$219,566	\$16,890	\$59	287
Community Living Supports (Daily)		H2016	Per Diem	39	12,732	\$1,498,430	\$38,421	\$118	326
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	26	2,096	\$30,736	\$1,182	\$15	81
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	11	30,492	\$68,723	\$6,248	\$2	2,772
Medication Review		M0064	Encounter Face-to-Face	0	0	\$0	\$0	\$0	0
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		\$5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	0	0	\$0	\$0	\$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116	Encounter	0	0	\$0	\$0	\$0	0
Chore Services		S5120	15 Minutes	0	0	\$0	\$0	\$0	0
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124	Hour	0	0	\$0	\$0	\$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	0	0	\$0	\$0	\$0	
Health Services		S9446	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470	Encounter	0	0	\$0	\$0	\$0	
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	1	29	\$870	\$870	\$30	29
AMOUNT OF THE ORIGINATION OF THE		32704	Houl	1		\$0.00	\$0.10	0.00	

Pines	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code				0	\$0	\$0	\$0	0
Reidential Room and Board		S9976	Days	0			\$0	\$0	
Health Services		T1000	Up to 15 min	0	0	\$0			
Assessment		T1001	Encounter	1	1	\$144	\$144	\$144	3
Health Services		T1002	Up to 15 min	626	1,626	\$65,660	\$105	\$40	
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	15	14,975	\$55,244	\$3,683	\$4	998
Supports Coordination/Wrap Facilitation		T1016	15 minutes	177	8,325	\$308,633	\$1,744	\$37	47
Targeted Case Management		T1017	15 minutes	32	906	\$23,774	\$743	\$26	28
Nursing Home Mental Health Monitoring		T1017	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	30	5,950	\$115,423	\$3,847	\$19	198
Personal Care in Licensed Specialized Residential Setting		T1020	Days	9	2,951	\$209,451	\$23,272	\$71	328
Personal Care in Licensed Specialized Residential Setting		T1020	Days	30	9,943	\$992,840	\$33,095	\$100	331
Assessments		T1023	Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999	Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015	Hour	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023	Month	I	12	\$1,728	\$1,728	\$144	12
Enhanced Medical Equipment-Supplies		T2028	Items	I	35	\$293	\$293	\$8	35
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies	•	T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				215		\$4,701,844			

Saginaw Series Course	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category	0100, 0101, 0114,		Days	4	177	\$72,483	\$18,121	\$410	44
State Psychiatric Hospital - Inpatient PT22	0124, 0134, 0154		Days	·					
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	14	2,871	\$556,974	\$39,784	\$194	205
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	29	256	\$169,697	\$5,852	\$663	9
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424	<u> </u>	# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710	-		0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Ther/Proph/Diag ING, SC/IM - Children's Waiver		90772		0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	16	131	\$4,944	\$309	\$38	8
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	68	80	\$13,995	\$206	\$175	1
Assessment-Psychiatric Assessment		90802	Encounter	4	4	\$671	\$168	\$168	1
Therapy-Individual Therapy		90804	Encounter 20-30 Min	19	23	\$1,791	\$94	\$78	1
Therapy-Individual Therapy	-	90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806	Encounter 45-50 Min	111	1,188	\$109,703	\$988	\$92	11
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808	Encounter 75-80 Min	2	2	\$277	\$139	\$139	1
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
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Saginaw			Unit	•	** *	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units		\$0	\$0	0
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0			
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0		
Therapy-Individual Therapy		90814	Encounter 75-80 Min	1	1	\$203	\$203	\$203	1
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	11	20	\$2,279	\$2,279	\$114	
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	4	33	\$3,303	\$826	\$100	8
Therapy-Family Therapy		90847	Encounter	35	267	\$31,341	\$895	\$117	8
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	I	14	\$646	\$646	\$46	14
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	345	973	\$101,752	\$295	\$105	3
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	1	2	\$175	\$175	\$88	2
Speech & Language Therapy		92506	Encounter	28	30	\$3,693	\$132	\$123	1
Speech & Language Therapy		92507	Encounter	8	37	\$2,072	\$259	\$56	5
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626	First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627	Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	116	120	\$19,480	\$168	\$162	1
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101		0	0	\$0	\$0	\$0	0
Psychological Testing by Technician (Children's Waiver)	**	96102		0	0	\$0	\$0	\$0	0
Psychological Testing by Comp (Children's Waiver)		96103		0	0	\$0	\$0	\$0	0
Assessments-Other	**	96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116	1.0	0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	. 0	0	\$0	\$0	\$0	
Neuropsych test by Psych/Phys (Children's Waiver)		96118	***************************************	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech (Children's Waiver)		96119		0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp (Children's Waiver)		96120		0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	7	7	\$1,026	\$147	\$147	1
·		97001	Liteouritei			\$1,020	914/	φ147	

Saginaw			Unit				Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost			
Physical Therapy		97002	Encounter	23	27	\$3,686	\$160	\$137	1
Occupational Therapy		97003	Encounter	12	12	\$1,844	\$154	\$154	1
Occupational Therapy		97004	Encounter	114	128	\$17,260	\$151	\$135	1
Occupational or Physical Therapy		97110	15 Minutes	3	31	\$908	\$303	\$29	10
Occupational or Physical Therapy	A PROPERTY OF THE PROPERTY OF	97112	15 Minutes	1	5	\$147	\$147	\$29	5
Occupational or Physical Therapy		97113	15 Minutes		0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	11	104	\$3,049	\$277	\$29	9
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	1	12	\$352	\$352	\$29	12
Occupational Therapy	···	97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761	15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762		0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	19	92	\$6,041	\$318	\$66	5
Assessment or Health Services	•	97803	15 Minutes	27	244	\$8,931	\$331	\$37	9
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	· <u> </u>	99245	Encounter	0	0	\$0	\$0	\$0	
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0
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Saginaw			Unit						
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	22	85	\$565	\$26	\$7	4
Transportation		A0110	Per one-way trip	157	22,034	\$172,391	\$1,098	\$8	140
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	1	2	\$12	\$12	\$6	2
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330	-	0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Peridontal, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340	15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	2	2	\$1,068	\$534	\$534	1
Activity Therapy (Children's Waiver)		G0176	Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		13	93	\$6,685	\$514	\$72	7
Assessment		H0002	Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018	Days	19	109	\$42,439	\$2,234	\$389	6
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Saginaw	Revenue Code	HCPCS Code	Unit	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code	H0025	Measure Face to Face Contact	34	606	\$52,633	\$1,548	\$87	18
Prevention Services - Direct Model			Encounter	55	91	\$15,554	\$283	\$171	2
Assessment		H0031		256	2,954	\$336,608	\$1,315	\$114	12
Treatment Planning		H0032	Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034	15 Minutes	48	2,157	\$126,300	\$2,631	\$59	45
Home Based Services		H0036	15 Minutes Per diem	0	0	\$0	\$0	\$0	0
Community Psychiatric Supportive Treatment		H0037		0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA MOOTO	15 15	94	2	\$70	\$1	\$35	
Assertive Community Treatment (ACT)		H0039	15 Minutes	0	- 2	\$0	\$0	\$0	
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	
Respite		H0045	Per Diem	123	290	\$35,486	\$289	\$122	2
Behavior Management Review		H2000	Encounter	0	0	\$0	\$0	\$122	0
Comprehensive Medication Services - EBP only		H2010	15 minutes		764	\$52,230	\$574	\$68	8
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	91 270		\$3,582,708	. <u> </u>	\$4	3,402
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes		918,643		\$13,269	\$3	8,452
Community Living Supports (15 Minutes)		H2015	15 Minutes	79	667,690	\$2,236,900	\$28,315	\$31	230
Community Living Supports (Daily)		H2016	Per Diem	68	15,645	\$484,995	\$7,132		
Community Living Supports (Daily)		H2016	Per Diem	57	8,753	\$542,686	\$9,521	\$62	154
Community Living Supports (Daily)		H2016	Per Diem	134	37,131	\$4,724,975	\$35,261	\$127	277
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	54	165,841	\$660,445	\$12,230	\$4	3,071
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	20	37,795	\$95,551	\$4,778	\$3	1,890
Medication Review		M0064	Encounter Face-to-Face	2	11	\$519	\$260	\$47	6
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training	*********	S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	0	0	\$0	\$0	\$0	0
Home Care Training, Non-Family (Children's Waiver)		\$5116	Encounter	0	0	\$0	\$0	\$0	0
Chore Services		S5120	15 Minutes	0	0	\$0	\$0	\$0	0
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S 5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	1	I	\$408	\$408	\$408	I
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124	Hour	0	0	\$0	\$0	\$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	5	5	\$378	\$76	\$76	1
Health Services		S9446	Encounter	73	236	\$23,942	\$328	\$101	3
Health Services		S9470	Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	4	10	\$1,203	\$301	\$120	3
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Saginaw			Unit			0.	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost			
Reidential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	
Health Services		T1000	Up to 15 min	0	. 0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	81	121	\$20,582	\$254	\$170	1
Health Services		T1002	Up to 15 min	1,367	18,200	\$809,519	\$592	\$44	13
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	14	32,802	\$116,447	\$8,318	\$4	2,343
Supports Coordination/Wrap Facilitation		T1016	15 minutes	744	19,391	\$1,228,344	\$1,651	\$63	26
Targeted Case Management		T1017	15 minutes	12	246	\$11,238	\$937	\$46	21
Nursing Home Mental Health Monitoring		T1017	15 minutes	3	156	\$8,818	\$2,939	\$57	52
Personal Care in Licensed Specialized Residential Setting		T1020	Days	167	33,936	\$559,334	\$3,349	\$16	203
Personal Care in Licensed Specialized Residential Setting		T1020	Days	79	8,149	\$281,303	\$3,561	\$35	103
Personal Care in Licensed Specialized Residential Setting		T1020	Days	118	25,213	\$1,692,294	\$14,341	\$67	214
Assessments		T1023	Encounter	88	121	\$18,384	\$209	\$152	1
Enhanced Medical Supplies or Pharmacy		T1999	Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	1	145	\$11,363	\$11,363	\$78	145
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation	. –	T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	24	162	\$24,626	\$1,026	\$152	7
Out of Home Prevocational Service		T2015	Hour	77	5,037	\$71,653	\$931	\$14	65
Targeted Case Management (Children's Waiver)		T2023	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	26	26	\$1,899	\$73	\$73	1
Housing Assistance		T2038	Month	16	52	\$1,167	\$73	\$22	3
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				852		\$19,192,445			

Series Programs (Series (Program (Pro	Sanilac			Unit				a 10	0 77	
12.0.000.000.000.000.000.000.000.000.000	Service Category	Revenue Code	HCPCS Code	Measure						
Part	State Psychiatric Hospital - Inpatient PT22			Days	0	0	\$0	\$0	\$0	0
Case Paymanian Registral Annex Comments PTT3 100, 101, 101, 101, 101, 101, 101, 10	State Mental Retardation Facility - Inpatient (ICF/MR) PT65			Days	0	0	\$0	\$0	\$0	0
Page	Local Psychiatric Hospital/IMD PT68			Days	0	0	\$0	\$0	\$0	0
	Local Psychiatric Hospital - Acute Community PT73			Days	1	5	\$3,720	\$3,720	\$744	5
Pagester Hospital Ancelling Services - Plantines 100 10 10 10 10 10 10	Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Pages Page	Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Paper					0	0	\$0	\$0	\$0	0
Paper Reginal Ascillary Services - Rediology 970	Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Part Annahistalis Services - Respiratory Services Osto Os	Inpatient Hospital Ancillary Services - Laboratory			# of tests	0	0	\$0	\$0	\$0	0
	Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
Papelines Hospilal Accellary Services - Physicial Therapy	ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Injustimet Hospital Aucillary Services - Occupational Therapy	Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Papertient Hospital Ancillary Services - Speech-Language Pathology	Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Populitient Hospital Ancillary Services - Emergency Room	Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Paper Pape	Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Papeline Hospital Ancillary Services - Audiology	Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Papeliere Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Paperiter Hospital Ancillary Services - Pharmacy	Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
CT Recovery Room	Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EKG/ECG	Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
Paper Pape	ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Retended Observation Beds	Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge 0901 Encounter 0 0 0 5 0 50 50 50 0 0 1 1 1 1 1 1 1 1	Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Paper Pape	Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization 0912 Days 0 0 \$0 \$0 \$0 \$0 \$0 \$0	Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization 0913 Days 0 0 50 50 \$0 0 Inpatient Hospital Ancillary Services - Other Diagnosis Services 0925 # of tests 0 0 \$	Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services 0925	Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services 0940-0942	Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia 00104 Minutes 0 0 \$0	Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Pher/Proph/Diag ING, SC/IM - Children's Waiver 99772 Encounter 2 4 \$151 \$76 \$38 2 \$160	Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Medication Administration 90782 Encounter 2 4 \$151 \$76 \$38 2 Medication Administration 90788 Encounter 0 0 \$0 <th< td=""><td>Additional Codes-ECT Anesthesia</td><td></td><td>00104</td><td>Minutes</td><td>0</td><td>0</td><td>\$0</td><td>\$0</td><td>\$0</td><td>0</td></th<>	Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Medication Administration 90788 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$1 \$216 \$216 \$1 Assessment-Psychiatric Assessment 90802 Encounter 0 0 \$0	Ther/Proph/Diag ING, SC/IM - Children's Waiver		90772		0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment 9881 Encounter 21 21 \$4,527 \$216 \$216 \$1 Assessment-Psychiatric Assessment 9882 Encounter 0 0 \$0 <t< td=""><td>Medication Administration</td><td></td><td>90782</td><td>Encounter</td><td>2</td><td>4</td><td>\$151</td><td>\$76</td><td>\$38</td><td>2</td></t<>	Medication Administration		90782	Encounter	2	4	\$151	\$76	\$38	2
Assessment-Psychiatric Assessment 9882 Encounter 0 0 \$0 <td>Medication Administration</td> <td></td> <td>90788</td> <td>Encounter</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td>	Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy 90804 Encounter 20-30 Min 3 3 \$265 \$88 \$88 1 Therapy-Individual Therapy 90805 Encounter 20-30 Min 0 0 \$0 <	Assessment-Psychiatric Assessment		90801	Encounter	21	21	\$4,527	\$216	\$216	1
Therapy-Individual Therapy 90805 Encounter 20-30 Min 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$1,414 \$137 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$1 \$271 \$271 \$271 \$1 Therapy-Individual Therapy 90809 Encounter 75-80 Min 0 0 \$0	Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy 90806 Encounter 45-50 Min 39 401 \$55,137 \$1,414 \$137 10 Therapy-Individual Therapy 90807 Encounter 45-50 Min 0 0 \$0 <td>Therapy-Individual Therapy</td> <td></td> <td>90804</td> <td>Encounter 20-30 Min</td> <td>3</td> <td>3</td> <td>\$265</td> <td>\$88</td> <td>\$88</td> <td>1</td>	Therapy-Individual Therapy		90804	Encounter 20-30 Min	3	3	\$265	\$88	\$88	1
Therapy-Individual Therapy 90807 Encounter 45-50 Min 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$271 \$271 \$271 \$271 \$1 Therapy-Individual Therapy 90809 Encounter 75-80 Min 0 0 \$0	Therapy-Individual Therapy		90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy 90807 Encounter 45-50 Min 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$271 \$271 \$271 \$1 Therapy-Individual Therapy 90809 Encounter 75-80 Min 0 0 \$0	Therapy-Individual Therapy		90806	Encounter 45-50 Min	39	401	\$55,137	\$1,414	\$137	10
Therapy-Individual Therapy 90808 Encounter 75-80 Min 1 1 \$271 \$271 \$271 1 Therapy-Individual Therapy 90809 Encounter 75-80 Min 0 0 \$0	Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	<u></u>	\$0	0
Therapy-Individual Therapy 90809 Encounter 75-80 Min 0 0 \$	Therapy-Individual Therapy		90808	Encounter 75-80 Min	1	1	\$271		\$271	1
Therapy-Individual Therapy 90810 Encounter 20-30 Min 0 0 \$0 \$0 \$0 0	Therapy-Individual Therapy		90809		0	0	\$0	\$0	\$0	0
	Therapy-Individual Therapy		90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0

Sanilac		HCDCC C. I.	Unit		77 %-	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units				
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	Ven	90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	1	90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847	Encounter	9	30	\$4,191	\$466	\$140	3
Therapy-Family Therapy	*	90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	3	13	\$4,374	\$1,458	\$336	4
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	126	595	\$41,565	\$330	\$70	5
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507	Encounter	1	10	\$934	\$934	\$93	10
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	1	1	\$93	\$93	\$93	1
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626	First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627	Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	17	33	\$4,310	\$254	\$131	2
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101		0	0	\$0	\$0	\$0	0
Psychological Testing by Technician (Children's Waiver)		96102		0	0	\$0	\$0	\$0	0
Psychological Testing by Comp (Children's Waiver)		96103		0	0	\$0	\$0	\$0	0
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		0	0	\$0	\$0	\$0 \$0	
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0 \$0	
Neuropsych test by Psych/Phys (Children's Waiver)		96117	nour	0	0	\$0	\$0	\$0	
Neuropsych test by Tech (Children's Waiver)		96118		0	0	\$0	\$0	\$0 \$0	0
						\$0 \$0		\$0 \$0	
Neuropsych test Admin w/Comp (Children's Waiver) Physical Therapy		96120 97001	December	0	0		\$0		0
rnysicai inerapy		97001	Encounter	21	23	\$2,821	\$134	\$123	1

Sanilac			Unit		** t	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units 22	\$1,645	\$97	\$75	1
Physical Therapy		97002	Encounter	17			\$619	\$478	
Occupational Therapy		97003	Encounter	64	83	\$39,638			1 0
Occupational Therapy		97004	Encounter	0	0	\$0	\$0	\$0	
Occupational or Physical Therapy		97110	15 Minutes	I	261	\$4,550	\$4,550	\$17	261
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	1	196	\$7,926	\$7,926	\$40	196
Occupational or Physical Therapy		97140	15 Minutes	1	78	\$6,413	\$6,413	\$82	78
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	15	52	\$1,969	\$131	\$38	3
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761	15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762		0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	(99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0

Service (Larger) Profession	Sanilac			Unit			0	Cost/Case	Cost/Unit	Unit/Case
	Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost			
Manifered Cook Profession Services 9924 Minocater 0 0 50 50 50 50 50 50	Additional Codes-Physician Services		99252	Encounter					****	0
Marchanter Mar	Additional Codes-Physician Services									0
	Additional Codes-Physician Services		99254							0
	Additional Codes-Physician Services		99255	Encounter						0
Machinan	Additional Codes-Physician Services		99261							0
Additional Cooler Proplement No. No. 1	Additional Codes-Physician Services		99262	Encounter						0
Machinan Code Physician Services \$97273 Binesurer 0 0 50 50 50 50 50 50	Additional Codes-Physician Services		99263	Encounter						0
Machine Mach	Additional Codes-Physician Services		99271	Encounter	00	0				0
Michical Code Physician Bireview 99794 Encounter 0 0 90 90 90 90 90 90	Additional Codes-Physician Services		99272	Encounter	0	0				0
Additional Cooks Prystants Services 99755 Becounter 0 0 0 93 39 39 Transportation AA070 Per mile 0 0 0 93 39 39 Transportation AA070 Per mile 0 0 0 93 39 39 Transportation AA070 Per mile 0 0 0 93 39 39 Transportation A0070 Per mile way rity 0 0 0 93 39 39 Transportation A0101 Per mile way rity 0 0 0 93 39 39 Transportation A0101 Per mile way rity 0 0 0 93 39 39 Transportation A0101 Per mile way rity 0 0 0 93 39 39 Transportation A0101 Per mile way rity 0 0 0 93 39 39 Transportation A0101 Per mile way rity 0 0 0 93 39 39 Transportation A0101 Per mile way rity 0 0 0 93 39 39 Transportation A0101 Per mile way rity 0 0 0 93 39 39 Transportation A0101 Per mile way rity 0 0 0 93 39 39 Transportation A0101 Per mile way rity 0 0 0 93 39 39 Transportation A0101 Per mile way rity 0 0 0 93 39 39 Transportation A0101 Per mile way rity 0 0 0 93 39 39 Transportation A0101 Per mile way rity 0 0 0 93 39 39 Transportation A0101 Per mile way rity 0 0 0 93 39 39 Transportation A0101 Per mile way rity 0 0 0 93 39 39 Transportation A0101 Per mile way rity 0 0 0 93 39 39 Transportation A0101 Per mile way rity 0 0 0 93 39 39 Transportation A0101 Per mile way rity 0 0 0 93 39 39 Transportation A0101 Per mile way rity 0 0 0 0 30 39 39 Transportation A0101 Per mile way rity 0 0 0 0 30 39 Transportation A0101 Per mile way rity 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Additional Codes-Physician Services		99273	Encounter	0	0				0
Medication Affanismation 99956 Bincounter 0 0 50 50 50 50 50 50	Additional Codes-Physician Services		99274	Encounter	0	0				0
Transportation	Additional Codes-Physician Services		99275	Encounter	0	0				0
Permitter Perm	Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Personantarion	Transportation		A0080	Per mile		0	\$0	\$0	\$0	0
Personal Content	Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation	Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Part	Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Part	Transportation		A0120		0	0	\$0	\$0	\$0	0
Per Mile	Transportation		A0130		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation	Transportation		A0140		0	0	\$0	\$0	\$0	0
Additional Codes Transportation A6427 Refer to Code Descriptions 0 35 50 50 Additional codes - Transportation A6428 0 0 350 50 50 Comp periodoctal conduction D0150 2 2 2 1516 588 558 Comp periodoctal evaluation D0280 Encounter 2 2 1513 557 557 Intravaria periapical D0200 1 1 1 514 514 514 Riscompany D0230 0	Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional codes - Transportation A0428 0 80 80 80 General derivides DD150 2 2 2 116 358 358 Comp periodatic evaluation DD180 Encounter 2 2 \$113 557 557 Intracral periapical DD220 1 1 1 \$14 \$15	Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Comparison D0150	Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Comp periodontal evaluation D0180 Encounter 2 2 S113 S57 S57 Intraoral periapical D0220 1 1 1 S14 S1	Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0
Intraoral periapical D0220 1 1 514 514 514 514 Intraoral periapical D0230 0 0 50 50 50 Intraoral periapical D0230 0 0 50 50 50 Biewings D0274 0 0 50 50 50 Prophylaxis Adult D1110 1 1 583 583 583 Resin based comp-one surface, ant D2330 0 0 50 50 50 Resin based comp-two surfaces, ant D2331 0 0 50 50 50 Resin based comp-two surfaces, and D2332 1 1 1 5150 5150 5150 Resin based comp-three surfaces, and D2332 0 0 50 50 50 Resin based comp-three surfaces, and D2331 0 0 50 50 50 Resin based comp-three surfaces, and D2391 0 0 50 50 50 Resin based comp-three surfaces, post D2392 0 0 50 50 50 Resin based comp-three surfaces, post D2393 0 0 50 50 50 Resin based comp-three surfaces, post D2393 0 0 50 50 50 Resin based comp-three surfaces, post D2393 0 0 50 50 50 Resin based comp-three surfaces, post D2393 0 0 50 50 50 Resin based comp-three surfaces, post D2393 0 0 50 50 50 Resin based comp-three surfaces, post D2393 0 0 0 50 50 50 Resin based comp-three surfaces, post D2393 0 0 0 50 50 50 Resin based comp-three surfaces, and D2394 0 0 0 50 50 50 Resin based comp-three surfaces, and D2394 0 0 0 0 0 0 0 0 0 Resin based comp-three surfaces, and D2394 0 0 0 0 0 0 0 0 0	General dental services		D0150	•	2	2	\$116	\$58	\$58	1
Intraoral pertaipical D0230 D0 D0 S0 S0 S0 S0 S0 S	Comp periodontal evaluation		D0180	Encounter	2	2	\$113	\$57	\$57	1
Bitewings D0274 D0 D0 S0 S0 S0 S0 S0 Prophylaxis Adult D1110 I I S83 Sa3	Intraoral periapical		D0220		1	1	\$14	\$14	\$14	1
Prophylaxis Adult	Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Pesin based comp-one surface, ant D2330 D2331 D2331 D2331 D2330	Bitewings		D0274		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, and D2332	Prophylaxis Adult		D1110		1	1	\$83	\$83	\$83	1
Resin based comp-three surface, and D2332 1 1 \$150 \$1	Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based cormp- one surface, post D2391 0 0 \$0	Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp- two surfaces, post D2392 0 0 \$0	Resin based comp-three surfaces, an		D2332		1	1	\$150	\$150	\$150	1
Resin based comp-three surfaces, post D2393 0 0 50 50 \$0 Crown, porc, fused to high D2750 0 0 \$0<	Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high D2750 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$164 \$2.920 \$973 \$164 \$1.920 \$10 \$0<	Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Peridontal, main D4910 29 28 \$4,599 \$159 \$164 Surgical removal of erupted tooth D7210 3 16 \$2,920 \$973 \$183 Alveoloplasty in conjunction with extractions, per quadrant D7310 0 0 \$	Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth D7210 3 16 \$2,920 \$973 \$183 Alveoloplasty in conjunction with extractions, per quadrant D7310 0 0 \$0 <td>Crown, porc, fused to high</td> <td></td> <td>D2750</td> <td></td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td>	Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant D7310 0 0 \$0 <td>Peridontal, main</td> <td></td> <td>D4910</td> <td></td> <td>29</td> <td>28</td> <td>\$4,599</td> <td>\$159</td> <td>\$164</td> <td>1</td>	Peridontal, main		D4910		29	28	\$4,599	\$159	\$164	1
Behavior Management/dental, by report D9920 0 0 \$0	Surgical removal of erupted tooth		D7210		3	16	\$2,920	\$973	\$183	5
Repair or Non-Routine Service for DME (Children's Waiver) E1340 15 Minutes 0 0 \$0 <th< td=""><td>Alveoloplasty in conjunction with extractions, per quadrant</td><td></td><td>D7310</td><td></td><td>0</td><td>0</td><td>\$0</td><td>\$0</td><td>\$0</td><td>0</td></th<>	Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies E1399 Items 0 0 \$0 <td>Behavior Management/dental, by report</td> <td></td> <td>D9920</td> <td></td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td>	Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies E1399 Items 0 0 \$0 <td>Repair or Non-Routine Service for DME (Children's Waiver)</td> <td></td> <td>E1340</td> <td>15 Minutes</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td>	Repair or Non-Routine Service for DME (Children's Waiver)		E1340	15 Minutes	0	0	\$0	\$0	\$0	0
Activity Therapy (Children's Waiver) G0176 Encounter 0 0 \$	Enhanced Medical Equipment-Supplies	•	E1399	Items	0	0	\$0	\$0		0
Family Training/Support EBP only G0177 Encounter 0 0 \$0 <td>Activity Therapy (Children's Waiver)</td> <td></td> <td>G0176</td> <td>Encounter</td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> <td>0</td>	Activity Therapy (Children's Waiver)		G0176	Encounter	0	0				0
Medication administration G0351 0 0 \$0 \$0 \$0 \$0 Assessment H0002 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 \$0	Family Training/Support EBP only		G0177	Encounter	0					0
Assessment H0002 Encounter 0 0 \$0 \$0 \$0	Medication administration	V=N6 - 1 *	G0351		0					0
	Assessment		H0002	Encounter	0	0	\$0			0
	Crisis Residential Services		H0018	Days	1	30	\$7,102	\$7,102	\$237	30

Sanilac	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue code	H0025	Face to Face Contact	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0023	Encounter	19	21	\$8,216	\$432	\$391	1
Assessment		H0031	Encounter	115	567	\$188,882	\$1,642	\$333	5
Treatment Planning			15 Minutes	25	127	\$5,831	\$233	\$46	5
Health Services		H0034		5	410	\$14,876	\$2,975	\$36	82
Home Based Services	=	H0036	15 Minutes	0	0	\$0	\$0	\$0	0
Community Psychiatric Supportive Treatment		H0037	Per diem	0		\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	- 0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA				\$0	\$0	\$0	
Assertive Community Treatment (ACT)		H0039	15 Minutes	0	0	\$0	\$0	\$0	
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0 \$0	0
Respite		H0045	Per Diem	0	0			\$24	1
Behavior Management Review		H2000	Encounter	124	176	\$4,235	\$34		0
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	9
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	6	52	\$5,186	\$864	\$100	
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	160	433,297	\$2,720,079	\$17,000	\$6	2,708
Community Living Supports (15 Minutes)		H2015	15 Minutes	154	732,507	\$2,174,081	\$14,117	\$3	4,757
Community Living Supports (Daily)		H2016	Per Diem	15	4,005	\$91,057	\$6,070	\$23	267
Community Living Supports (Daily)		H2016	Per Diem	14	2,969	\$202,372	\$14,455	\$68	212
Community Living Supports (Daily)		H2016	Per Diem	63	21,740	\$2,472,092	\$39,240	\$114	345
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	29	464	\$42,139	\$1,453	\$91	16
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	2	4,023	\$18,712	\$9,356	\$5	2,012
Medication Review		M0064	Encounter Face-to-Face	0	0	\$0	\$0	\$0	0
Transportation		S0209	Per Mile		0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	3	12	\$611	\$204	\$51	4
Home Care Training, Non-Family (Children's Waiver)		S5116	Encounter	0	0	\$0	\$0	\$0	0
Chore Services		S5120	15 Minutes	0	0	\$0	\$0	\$0	0
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124	Hour	0	0	\$0	\$0	\$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Health Services		\$9445	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470	Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program	· · · · · · · · · · · · · · · · · · ·	S9484	Hour	0	0	\$0	\$0	\$0	0
2								*	

Sanilac			Unit				Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost			
Reidential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Health Services		T1000	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	66	72	\$31,743	\$481	\$441	1
Health Services		T1002	Up to 15 min	150	998	\$35,314	\$235	\$35	7
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	46	49,655	\$125,570	\$2,730	\$3	1,079
Supports Coordination/Wrap Facilitation		T1016	15 minutes	276	6,559	\$870,265	\$3,153	\$133	24
Targeted Case Management		T1017	15 minutes	8	149	\$12,525	\$1,566	\$84	19
Nursing Home Mental Health Monitoring		T1017	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	43	12,761	\$212,227	\$4,936	\$17	297
Personal Care in Licensed Specialized Residential Setting		T1020	Days	29	7,263	\$353,554	\$12,192	\$49	250
Personal Care in Licensed Specialized Residential Setting		T1020	Days	27	8,693	\$707,107	\$26,189	\$81	322
Assessments		T1023	Encounter	2	2	\$869	\$435	\$435	1
Enhanced Medical Supplies or Pharmacy		T1999	Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	8	39	\$24,393	\$3,049	\$625	5
Out of Home Prevocational Service		T2015	Hour	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028	Items	1	I	\$166	\$166	\$166	1
Enhanced Medical Equipment-Supplies		T2029	Items	14	50	\$4,219	\$301	\$84	4
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				0	0	\$123,465	\$0	\$0	0
Total Population and Cost				295		\$10,649,383			

Part	Shiawassee			Unit				Cost/Case	Cost/Unit	Unit/Case
March Marc	Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost			
Part	State Psychiatric Hospital - Inpatient PT22			Days	1	361	\$165,243	\$165,243	\$458	361
Case Proclamer Case Proclamer Case Proclamer Case	State Mental Retardation Facility - Inpatient (ICF/MR) PT65			Days	0	0	\$0	\$0	\$0	0
Pages Page	Local Psychiatric Hospital/IMD PT68			Days	2	23	\$15,025	\$7,513	\$653	12
Paper Pape	Local Psychiatric Hospital - Acute Community PT73			Days	1	4	\$1,968	\$1,968	\$492	4
Spatient Regular Actings Services - Leave of Abmerce \$250,0254,0227***********************************	Inpatient Hospital Ancillary Services - Room and Board			Days	0	0	\$0	\$0	\$0	0
Equation Hospital Acadilary Services - Merchanting Services - Merc		0183		Days	0	0	\$0	\$0	\$0	
Pagester Hospital Acadlary Services - Laboratory					0	0	\$0	\$0	\$0	0
Pages Page	Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
PCT Assailation Assailatio	Inpatient Hospital Ancillary Services - Laboratory			# of tests	0	0	\$0	\$0	\$0	0
Imputent Hospital Ancellary Services - Respitatory Services Olio 6 of treatments 0 0 50 50 50 50 50 50	Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
Inquiniter Hospilal Ancillarly Services - Physical Tierargy		0370			0	0	\$0	\$0	\$0	
Expention Hospital Ancillary Services - Occupational Therapy	Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Papelient Hospital Ascellary Services - Spreech Language Pathology	Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Impaired Hospial Ancillary Services - Putmonary Function	Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
		0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Papatient Hospital Ancillary Services - Audinology 0470-0472	Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	
Injustient Hispital Ancillary Services - Magnetic Resonance Technology (MRT)	Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	
Papatient Hospital Ancillary Services - Pharmacy 0636	Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
ECT Recovery Room	Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EKG/ECG 0730-0731	Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
Papatient Hospital Ancillary Services - EEG	ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Hour	Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	
Additional Codes-ECT Facility Charge	Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Papatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services 0900, 0902-0904, 091, 091-0904, 091, 091-0904, 091, 091-0904, 091, 091-0904, 091, 091-0904, 091-	Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Dutpatient Partial Hospitalization 0912 Days 0 0 \$0 \$0 \$0 \$0 \$0 \$0	Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	
Dupatient Partial Hospitalization 0913 Days 0 0 50 50 50 0 0 1 1 1 1 1 1 1	Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services 0925	Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Paper Pape	Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia 00104 Minutes 0 0 \$0	Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	
Pertapy-Individual Therapy	Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Medication Administration 90782 Encounter 1 20 \$904 \$904 \$45 20 Medication Administration 90788 Encounter 0 0 \$0	Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	
Medication Administration 90788 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$1 \$1 \$1 \$2 \$1 \$1 \$1 \$2 \$1 \$2 \$1 \$2	Ther/Proph/Diag ING, SC/IM - Children's Waiver		90772		0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment 90801 Encounter 7 7 \$1,162 \$166 \$166 \$1 Assessment-Psychiatric Assessment 90802 Encounter 0 0 \$0 <t< td=""><td>Medication Administration</td><td>""</td><td>90782</td><td>Encounter</td><td>1</td><td>20</td><td>\$904</td><td>\$904</td><td>\$45</td><td>20</td></t<>	Medication Administration	""	90782	Encounter	1	20	\$904	\$904	\$45	20
Assessment-Psychiatric Assessment 90802 Encounter 0 0 \$143 \$72 \$2 \$2 \$1 \$2 \$1 \$286 \$143 \$72 \$2	Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy 90804 Encounter 20-30 Min 2 4 \$286 \$143 \$72 2 Therapy-Individual Therapy 90805 Encounter 20-30 Min 0 0 \$0	Assessment-Psychiatric Assessment	_	90801	Encounter	7	7	\$1,162	\$166	\$166	1
Therapy-Individual Therapy 90805 Encounter 20-30 Min 0 0 \$	Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy 90806 Encounter 45-50 Min 8 46 \$4,261 \$533 \$93 6 Therapy-Individual Therapy 90807 Encounter 45-50 Min 0 0 \$0	Therapy-Individual Therapy		90804	Encounter 20-30 Min	2	4	\$286	\$143	\$72	2
Therapy-Individual Therapy 90807 Encounter 45-50 Min 0 0 \$	Therapy-Individual Therapy		90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy 90807 Encounter 45-50 Min 0 0 \$	Therapy-Individual Therapy		90806		8					
Therapy-Individual Therapy 90808 Encounter 75-80 Min 0 0 \$									· · · · · · · · · · · · · · · · · · ·	
Therapy-Individual Therapy 90809 Encounter 75-80 Min 0 0 \$	Therapy-Individual Therapy									
	Therapy-Individual Therapy		90809							
	Therapy-Individual Therapy		90810	Encounter 20-30 Min	0					

Shiawassee			Unit			_	0.40	0 (7)	H-5/C
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847	Encounter	4	30	\$5,351	\$1,338	\$178	8
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	67	278	\$12,779	\$191	\$46	4
Additional Codes-ECT Physician	-	90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy	-	92506	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626	First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627	Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	3	5	\$865	\$288	\$173	2
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101	•	0	0	\$0	\$0	\$0	0
Psychological Testing by Technician (Children's Waiver)		96102		0	0	\$0	\$0	\$0	0
Psychological Testing by Comp (Children's Waiver)		96103		0	0	\$0	\$0	\$0	0
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118		0	0	\$0	\$0	\$0	0
Neuropsych test by Tech (Children's Waiver)		96119		0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp (Children's Waiver)		96120		0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	0	0	\$0	\$0	\$0	0
									

Shiawassee			Unit	_	** .	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	\$0	\$0	\$0	0
Physical Therapy		97002	Encounter	0	0		\$612	\$612	1
Occupational Therapy		97003	Encounter	15	15	\$9,180	\$012	\$012	0
Occupational Therapy		97004	Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110	15 Minutes	0	0	\$0		\$0 \$0	0
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0		0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761	15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762		0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		2	5	\$123	\$62	\$25	3
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0
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Shiawassee		***************************************	Unit		** *	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units				
Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	- 0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation	•	A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428	· · · · · · · · · · · · · · · · · · ·	0	0	\$0	\$0	\$0	0
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330	~ -	0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332	.	0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750	•	0	0	\$0	\$0	\$0	0
Peridontal, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report	·	D9920		0	0	\$0	\$0	\$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340	15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	1	1	\$40	\$40	\$40	1
Activity Therapy (Children's Waiver)		G0176	Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351	Discounter	0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018	Days	0	0	\$0	\$0	\$0	
Chais residential set vices		110019	Days	U	U	⊅ ∪	ΦV	JOΦ	<u> </u>

Shiawassee	n	TICDOS C- 4-	Unit	C	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Onits	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0025	Face to Face Contact	0		\$3,290	\$206	\$206	1
Assessment		H0031	Encounter	16	16	\$3,290	\$206	\$200	0
Treatment Planning		H0032	Encounter	0	0		\$0	\$0	
Health Services		H0034	15 Minutes	0	0	\$0	\$3,162	\$45	71
Home Based Services		H0036	15 Minutes	14	990	\$44,265	\$3,162	\$43	
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0			
Peer Directed and Operated Support Services		H0038	15 minutes	8	2,128	\$11,105	\$1,388	\$5	266
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	1	70	\$4,995	\$4,995	\$71	70
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	24	61	\$1,973	\$82	\$32	3
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	20	72	\$4,105	\$205	\$57	4
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	114	361,357	\$1,291,507	\$11,329	\$4	3,170
Community Living Supports (15 Minutes)		H2015	15 Minutes	57	1,282,536	\$4,712,228	\$82,671	\$4	22,501
Community Living Supports (Daily)		H2016	Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	Per Diem	23	7,853	\$1,135,262	\$49,359	\$145	341
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	7	220	\$55,397	\$7,914	\$252	31
Supported Employment Services		H2023	15 minutes	51	37,542	\$238,557	\$4,678	\$6	736
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064	Encounter Face-to-Face	0	0	\$0	\$0	\$0	0
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	0	0	\$0	\$0	\$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116	Encounter	0	0	\$0	\$0	\$0	0
Chore Services		S5120	15 Minutes	0	0	\$0	\$0	\$0	0
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy	***	S8990	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123	Hour	1	3,956	\$58,106	\$58,106	\$15	3,956
Private Duty Nursing	0582	S9124	Hour	0	0	\$0	\$0	\$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470	Encounter	1	1	\$112	\$112	\$112	1
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$0	\$0	\$0	0
Accessive Crisis Statement Indica Program		5/704	Hou		· ·		30	3 0	<u>_</u>

Shiawassee	B 0.1	HCDCC C- 1-	Unit	C	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code	HCPCS Code	Measure	Cases				\$0	0
Reidential Room and Board		S9976	Days	0	0	\$0	\$0		
Health Services		T1000	Up to 15 min		0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	0	0	\$0	\$0	\$0	0
Health Services		T1002	Up to 15 min	22	60	\$1,530	\$70	\$26	3
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	14	7,832	\$32,378	\$2,313	\$4	559
Supports Coordination/Wrap Facilitation		T1016	15 minutes	180	4,332	\$279,971	\$1,555	\$65	24
Targeted Case Management		T1017	15 minutes	46	1,313	\$87,111	\$1,894	\$66	29
Nursing Home Mental Health Monitoring		T1017	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	23	7,812	\$68,760	\$2,990	\$9	340
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Assessments	111111111111111111111111111111111111111	T1023	Encounter	8	11	\$2,508	\$314	\$228	I .
Enhanced Medical Supplies or Pharmacy		T1999	Items	33	295	\$7,159	\$217	\$24	9
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	52	6,982	\$45,780	\$880	\$7	134
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015	Hour	4	873	\$8,994	\$2,249	\$10	218
Targeted Case Management (Children's Waiver)		T2023	Month	4	28	\$6,195	\$1,549	\$221	7
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				241		\$8,318,476			

St. Clair Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	1	23	\$12,011	\$12,011	\$522	2
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	7	2,375	\$513,699	\$73,386	\$216	33
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	1	3	\$1,242	\$1,242	\$414	
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	9	83	\$44,313	\$4,924	\$534	
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258			0	0	\$0	\$0	\$0	
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307		# of tests	0	0	\$0	\$0	\$0	
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	
Inpatient Hospital Ancillary Services - Pharmacy	0636	-	# of units	0	0	\$0	\$0	\$0	
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	
Ther/Proph/Diag ING, SC/IM - Children's Waiver		90772		0	0	\$0	\$0	\$0	
Medication Administration		90782	Encounter	1	4	\$155	\$155	\$39	
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	
Assessment-Psychiatric Assessment		90801	Encounter	234	279	\$33,436	\$143	\$120	
Assessment-Psychiatric Assessment		90802	Encounter	1	1	\$86	\$86	\$86	
Therapy-Individual Therapy		90804	Encounter 20-30 Min	128	1,054	\$85,392	\$667	\$81	
Therapy-Individual Therapy		90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	
Therapy-Individual Therapy		90806	Encounter 45-50 Min	106	751	\$78,384	\$739	\$104	
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	
Therapy-Individual Therapy		90808	Encounter 75-80 Min	15	40	\$7,053	\$470	\$176	
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	
Therapy-Individual Therapy		90810	Encounter 20-30 Min	1	2	\$135	\$135	\$68	

St. Clair			Unit						
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847	Encounter	20	54	\$5,517	\$276	\$102	3
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	26	530	\$72,858	\$2,802	\$137	20
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	319	1,752	\$111,107	\$348	\$63	5
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	10	10	\$1,822	\$182	\$182	1
Speech & Language Therapy		92507	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626	First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627	Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	25	69	\$14,988	\$600	\$217	3
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101		0	0	\$0	\$0	\$0	0
Psychological Testing by Technician (Children's Waiver)		96102		0	0	\$0	\$0	\$0	0
Psychological Testing by Comp (Children's Waiver)		96103		0	0	\$0	\$0	\$0	0
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116	10 1	0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118		0	0	\$0	\$0	\$0	0
Neuropsych test by Tech (Children's Waiver)		96119	<u> </u>	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp (Children's Waiver)		96120		0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category	Persons with Develop	omental Disabilities		Fiscal	Year 2004-2005		State of	Michigan
St. Clair Service Category Revenue	Code HCPCS Code	Unit	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
	97002	Measure Encounter	Cases 0	0	\$0	\$0	\$0	0
Physical Therapy	97002	Encounter	213	232	\$88,768	\$417	\$383	1
Occupational Therapy	97003		1	1	\$180	\$180	\$180	
Occupational Therapy		Encounter	15	89	\$4,832	\$322	\$180	6
Occupational or Physical Therapy	97110	15 Minutes	0	0	\$0	\$322	\$0	
Occupational or Physical Therapy	97112		0	0	\$0	\$0	\$0	
Occupational or Physical Therapy	97113	15 Minutes		0	\$0	\$0	\$0	0
Occupational or Physical Therapy	97116	15 Minutes	0			\$0	\$0	
Occupational or Physical Therapy	97124	15 Minutes	0	0	\$0			0
Occupational or Physical Therapy	97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy	97150	Encounter	26	538	\$145,995	\$5,615	\$271	21
Occupational Therapy	97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy	97530	15 Minutes	159	2,645	\$112,311	\$706	\$42	17
Occupational or Physical Therapy	97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy	97533	15 Minutes	68	620	\$24,479	\$360	\$39	9
Occupational or Physical Therapy	97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy	97537	15 Minutes	7	37	\$340	\$49	\$9	5
Occupational or Physical Therapy	97542	15 Minutes	25	157	\$5,532	\$221	\$35	6
Occupational Therapy	97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy	97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy	97755	15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)	97761	15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)	97762		0	0	\$0	\$0	\$0	0
Assessment or Health Services	97802	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services	97803	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services	97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99231		0	0	\$0	\$0	\$0	
Additional Codes-Physician Services	99232		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services Additional Codes-Physician Services	99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99238	30 Minutes or less	0		\$0	\$0 \$0	\$0 \$0	0
							 	
Additional Codes-Physician Services	99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	99251	Encounter	0	0	\$0	\$0	\$0	0

05/31/2006 - Revised on 8/02/2006

St. Clair			Unit						
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation	-	A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392	•	0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Peridontal, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920	V	0	0	\$0	\$0	\$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340	15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	16	25	\$18,799	\$1,175	\$752	2
Activity Therapy (Children's Waiver)		G0176	Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351	Distriction	0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018	Days	2	12	\$1,967	\$984	\$164	6
Cross Accountant Del 11000		110010			12	\$1,707	Ψ,04	\$10 4	

St. Clair Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
	Revenue code	H0025	Face to Face Contact	0	0	\$0	\$0	\$0	0
Prevention Services - Direct Model		H0023	Encounter	170	176	\$50,558	\$297	\$287	1
Assessment		H0032	Encounter	331	822	\$228,848	\$691	\$278	2
Treatment Planning		H0032	15 Minutes	57	558	\$23,918	\$420	\$43	10
Health Services		H0036	15 Minutes	31	7,473	\$203,645	\$6,569	\$27	241
Home Based Services		H0036	Per diem	0	0	\$203,043	\$0,309	\$0	0
Community Psychiatric Supportive Treatment				0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	
Peer Directed and Operated Support Services		NA				\$0	\$0	\$0	
Assertive Community Treatment (ACT)		H0039	15 Minutes	0	0			\$0	
Community Living Supports in Independent living/own home		H0043	Per diem	0		\$0	\$0		
Respite		H0045	Per Diem	16	349	\$38,968	\$2,436	\$112	22
Behavior Management Review		H2000	Encounter	24	39	\$4,246	\$177	\$109	2
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	8
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	13	101	\$2,447	\$188	\$24	
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	378	1,469,032	\$3,696,537	\$9,779	\$3	3,886
Community Living Supports (15 Minutes)		H2015	15 Minutes	243	536,350	\$1,901,418	\$7,825	\$4	2,207
Community Living Supports (Daily)		H2016	Per Diem	53	15,206	\$244,833	\$4,619	\$16	287
Community Living Supports (Daily)		H2016	Per Diem	6	1,466	\$74,463	\$12,411	\$51	244
Community Living Supports (Daily)		H2016	Per Diem	148	46,926	\$5,973,151	\$40,359	\$127	317
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	49	40,363	\$136,521	\$2,786	\$3	824
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	26	27,807	\$76,201	\$2,931	\$3	1,070
Medication Review		M0064	Encounter Face-to-Face	0	0	\$0	\$0	\$0	0
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	148	519	\$70,048	\$473	\$135	4
Home Care Training, Non-Family (Children's Waiver)		S5116	Encounter	0	0	\$0	\$0	\$0	0
Chore Services		S5120	15 Minutes	0	0	\$0	\$0	\$0	0
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	141	122,623	\$99,615	\$706	\$1	870
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	5	6	\$23,760	\$4,752	\$3,960	1
Enhanced Medical Equipment-Supplies	- · ·	S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124	Hour	0	0	\$0	\$0	\$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	40	514	\$36,172	\$904	\$70	13
Health Services		S9446	Encounter	12	88	\$6,340	\$528	\$72	7
Health Services		S9470	Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$0	\$0	\$0	0

St. Clair			Unit			_	6 ./6	0 .41.5	11.7/0
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Reidential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Health Services		T1000	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	63	69	\$23,931	\$380	\$347	1
Health Services		T1002	Up to 15 min	103	916	\$66,334	\$644	\$72	9
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	156	114,840	\$491,236	\$3,149	\$4	736
Supports Coordination/Wrap Facilitation		T1016	15 minutes	911	35,863	\$2,617,051	\$2,873	\$73	39
Targeted Case Management		T1017	15 minutes	5	196	\$10,756	\$2,151	\$55	39
Nursing Home Mental Health Monitoring		T1017	15 minutes	14	562	\$30,840	\$2,203	\$55	40
Personal Care in Licensed Specialized Residential Setting		T1020	Days	138	41,073	\$411,924	\$2,985	\$10	298
Personal Care in Licensed Specialized Residential Setting		T1020	Days	49	15,305	\$875,455	\$17,866	\$57	312
Personal Care in Licensed Specialized Residential Setting		T1020	Days	23	7,220	\$697,672	\$30,334	\$97	314
Assessments		T1023	Encounter	13	16	\$7,464	\$574	\$467	1
Enhanced Medical Supplies or Pharmacy		T1999	Items	11	238	\$4,988	\$453	\$21	22
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	12	64	\$13,309	\$1,109	\$208	5
Out of Home Prevocational Service		T2015	Hour	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023	Month	3	23	\$4,617	\$1,539	\$201	8
Enhanced Medical Equipment-Supplies		T2028	Items	1	2	\$345	\$345	\$173	2
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	24	271	\$11,465	\$478	\$42	11
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				1,033		\$19,544,477			

Server Design Properties	St. Joseph			Unit						
Seal Public Segues Se	•	Revenue Code	HCPCS Code		Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Page				Days	0	0	\$0	\$0	\$0	0
184, 1184,	State Mental Retardation Facility - Inpatient (ICF/MR) PT65			Days	3	643	\$138,869	\$46,290	\$216	214
Pagenes Response Pagenes Pag	Local Psychiatric Hospital/IMD PT68			Days	0	0	\$0	\$0	\$0	0
Page	Local Psychiatric Hospital - Acute Community PT73			Days	2	6	\$2,231	\$1,116	\$372	3
Pages Page	Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Pages Topical Anallery Services - Medicol/Segoral Segoral Periods 100 200	Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Pages Page	Inpatient Hospital Ancillary Services - Pharmacy				0	0	\$0	\$0	\$0	0
Pages Response Response Pages Response	Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Part	Inpatient Hospital Ancillary Services - Laboratory			# of tests	0	0	\$0	\$0	\$0	0
Pageon P	Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0		
Paper Regional Appendix Paper Physical Therapy Q420-0244 # of resements 0 0 50 50 50 50 50 50	ECT Anesthesia	0370			0	0				
Paper Registral Regist	Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0		\$0	
Pageone Regular Acade Pageone Pageone	Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Page in Hospital Ancillary Services - Perpensery Norm Engage in Hospital Ancillary Services - Ancillory Services - Nageric Resonance Technology (MRT) 0610-0611 # of cess 0	Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Paper Pape	Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Paper Pape	Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Papelier Repiral Ancillary Services Magnetic Resonance Technology (MRT) 061-0611	Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Page	Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Part	Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Paper Register Roginal Ancillary Services - ERG 0730-0731	Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
Paper Pape	ECT Recovery Room	0710		-	0	0	\$0	\$0	\$0	0
Extended Observation Beds	Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Paculity Charge 0901 Encounter 0 0 0 5 0 50 50 50 00 000 000 000 000	Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Impatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services 0900, 0902-0904, 0911, 0914-0919 Days 0 0 \$0 \$0 \$0 \$0 \$0 \$0	Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Dupatient Partial Hospital Acordination Opi1, Opi14-0919 Outpatient Partial Hospital Integrital Hospital Integritation Opi3	Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization 0913 Days 0 0 \$0	Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services			# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services 0925 # of tests 0 0 \$0 \$0 \$0 \$0 \$0 \$0	Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Impatient Hospital Ancillary Services - Other Therapeutic Services 0940-0942 # of visits 0 0 \$0 \$0 \$0 \$0 \$0 \$0	Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia 00104 Minutes 0 0 \$0	Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Net/Proph/Diag ING, SC/IM - Children's Waiver 90772 Bncounter 1 4 \$59 \$59 \$15 4 Medication Administration 90782 Bncounter 0 0 \$0 \$0 \$0 \$0 \$0 \$0	Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Medication Administration 90782 Encounter 1 4 \$59 \$59 \$15 4 Medication Administration 90788 Encounter 0 0 \$0	Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Medication Administration 90788 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$264 \$264 \$1 Assessment-Psychiatric Assessment 90801 Encounter 0 0 \$0	Ther/Proph/Diag ING, SC/IM - Children's Waiver		90772		0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment 90801 Encounter 12 12 \$3,169 \$264 \$264 1 Assessment-Psychiatric Assessment 90802 Encounter 0 0 \$0 <	Medication Administration		90782	Encounter	1	4	\$59	\$59	\$15	4
Assessment-Psychiatric Assessment 9882 Encounter 0 0 \$0 <td>Medication Administration</td> <td></td> <td>90788</td> <td>Encounter</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td>	Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy 90804 Encounter 20-30 Min 0 0 \$185 \$2 \$185 \$2 Therapy-Individual Therapy 90806 Encounter 45-50 Min 7 36 \$3,615 \$516 \$100 5 Therapy-Individual Therapy 90807 Encounter 45-50 Min 0 0 \$0	Assessment-Psychiatric Assessment		90801	Encounter	12	12	\$3,169	\$264	\$264	1
Therapy-Individual Therapy	Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy 90806 Encounter 45-50 Min 7 36 \$3,615 \$516 \$100 5 Therapy-Individual Therapy 90807 Encounter 45-50 Min 0 0 \$0	Therapy-Individual Therapy		90804	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy 90807 Encounter 45-50 Min 0 0 \$	Therapy-Individual Therapy		90805	Encounter 20-30 Min	16	25	\$4,632	\$289	\$185	2
Therapy-Individual Therapy 90808 Encounter 75-80 Min 0 0 \$	Therapy-Individual Therapy		90806	Encounter 45-50 Min	7	36	\$3,615	\$516	\$100	5
Therapy-Individual Therapy 90808 Encounter 75-80 Min 0 0 \$	Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Though Individual Theory			90808	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy 90810 Encounter 20-30 Min 0 \$0	Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
	Therapy-Individual Therapy		90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0

St. Joseph			Unit						
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817	Encounter 20-30 Min	3	3	\$252	\$84	\$84	11
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	1	5	\$449	\$449	\$90	5
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	75	249	\$21,831	\$291	\$88	3
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626	First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627	Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	16	26	\$4,027	\$252	\$155	2
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101		0	0	\$0	\$0	\$0	0
Psychological Testing by Technician (Children's Waiver)		96102		0	0	\$0	\$0	\$0	0
Psychological Testing by Comp (Children's Waiver)		96103		0	0	\$0	\$0	\$0	0
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118		0	0	\$0	\$0	\$0	0
Neuropsych test by Tech (Children's Waiver)		96119		0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp (Children's Waiver)		96120		0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	2	2	\$261	\$131	\$131	1
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St. Joseph			Unit				Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost			
Physical Therapy		97002	Encounter	7	7	\$915	\$131	\$131	1
Occupational Therapy		97003	Encounter	4	4	\$456	\$114	\$114	1
Occupational Therapy		97004	Encounter	1	1	\$114	\$114	\$114	1
Occupational or Physical Therapy		97110	15 Minutes	2	2	\$261	\$131	\$131	1
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	- \$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy	•	97530	15 Minutes	1	2	\$261	\$261	\$131	2
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)	-	97761	15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762		0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	**	99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0
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St. Joseph			Unit						** : : : : : : : : : : : : : : : : : :
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation	1.1.44	A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation	·	A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0
General dental services		D0150		2	8	\$417	\$208	\$52	4
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220		1	1	\$93	\$93	\$93	1
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		1	1	\$57	\$57	\$57	1
Resin based comp-one surface, ant		D2330		1	2	\$229	\$229	\$115	2
Resin based comp-two surfaces, ant		D2331		1	1	\$153	\$153	\$153	1
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		1	4	\$458	\$458	\$115	4
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		1	1	\$153	\$153	\$153	1
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Peridontal, main	-	D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		1	8	\$10,851	\$10,851	\$1,356	8
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340	15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Activity Therapy (Children's Waiver)		G0176	Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration	**	G0351	-	0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018	Days	0	0	\$0	\$0	\$0	0
Market Control of the									

St. Joseph			Unit						
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Prevention Services - Direct Model		H0025	Face to Face Contact	4	145	\$20,129	\$5,032	\$139	36
Assessment		H0031	Encounter	12	12	\$818	\$68	\$68	1
Treatment Planning		H0032	Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034	15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036	15 Minutes	9	649	\$25,512	\$2,835	\$39	72
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043	Per diem	5	1,374	\$76,931	\$15,386	\$56	275
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	17	60	\$2,240	\$132	\$37	4
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	8	62	\$4,699	\$587	\$76	8
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	92	398,510	\$842,087	\$9,153	\$2	4,332
Community Living Supports (15 Minutes)		H2015	15 Minutes	119	192,803	\$515,703	\$4,334	\$3	1,620
Community Living Supports (Daily)		H2016	Per Diem	1	42	\$1,389	\$1,389	\$33	42
Community Living Supports (Daily)		H2016	Per Diem	26	9,746	\$644,431	\$24,786	\$66	375
Community Living Supports (Daily)		H2016	Per Diem	13	3,354	\$340,189	\$26,168	\$101	258
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	13	540	\$2,113	\$163	\$4	42
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	3	5,241	\$19,533	\$6,511	\$4	1,747
Medication Review		M0064	Encounter Face-to-Face	1	1	\$34	\$34	\$34	1
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	0	0	\$0	\$0	\$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116	Encounter	0	0	\$0	\$0	\$0	0
Chore Services		S5120	15 Minutes	0	0	\$0	\$0	\$0	0
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	21	11,425	\$34,538	\$1,645	\$3	544
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	I	1	\$131	\$131	\$131	1
Private Duty Nursing	0582	S9123	Hour	1	1	\$43	\$43	\$43	1
Private Duty Nursing	0582	S9124	Hour	0	0	\$0	\$0	\$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446	Encounter	0	0	\$0	\$0	\$0	0
Health Services		\$9470	Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$0	\$0	\$0	0
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St. Joseph	Revenue Code	HCPCS Code	Unit	0	TT 10	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code		Measure	Cases	Units				
Reidential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Health Services		T1000	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	26	36	\$2,072	\$80	\$58	1
Health Services		T1002	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	18	19,979	\$60,398	\$3,355	\$3	1,110
Supports Coordination/Wrap Facilitation		T1016	15 minutes	172	6,252	\$315,084	\$1,832	\$50	36
Targeted Case Management		T1017	15 minutes	12	855	\$31,469	\$2,622	\$37	71
Nursing Home Mental Health Monitoring		T1017	15 minutes	1	21	\$764	\$764	\$36	21
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	10	3,535	\$233,743	\$23,374	\$66	354
Personal Care in Licensed Specialized Residential Setting		T1020	Days	31	9,607	\$966,536	\$31,179	\$101	310
Assessments		T1023	Encounter	2	3	\$413	\$207	\$138	2
Enhanced Medical Supplies or Pharmacy		T1999	Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation	-	T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service	· · · · · · · · · · · · · · · · · · ·	T2015	Hour	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	Ō
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping	1	T2036	Encounter / Trip	16	96	\$3,049	\$191	\$32	6
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				203		\$4,337,859			

State of Michigan

Fiscal Year 2004-2005

CMHSP Cost Data by Service Category

Summit Pointe Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	1	74	\$34,780	\$34,780	\$470	7
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	1	365	\$70,810	\$70,810	\$194	36
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154	· ·	Days	2	12	\$8,869	\$4,435	\$739	
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258			0	0	\$0	\$0	\$0	
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307		# of tests	0	0	\$0	\$0	\$0	
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925	·	# of tests	0	0	\$0	\$0	\$0	
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	
Ther/Proph/Diag ING, SC/IM - Children's Waiver		90772		0	0	\$0	\$0	\$0	
Medication Administration		90782	Encounter	0	0	\$0	\$0	\$0	
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	
Assessment-Psychiatric Assessment		90801	Encounter	27	28	\$5,117	\$190	\$183	
Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	
Therapy-Individual Therapy		90804	Encounter 20-30 Min	I	I	\$86	\$86	\$86	
Therapy-Individual Therapy		90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	
Therapy-Individual Therapy		90806	Encounter 45-50 Min	21	88	\$10,842	\$516	\$123	
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	
Therapy-Individual Therapy		90808	Encounter 75-80 Min	0	0	\$0	\$0	\$0	
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	
Therapy-Individual Therapy		90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	

Michigan Department of Community Health

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Summit Pointe			Unit		** *	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units			\$0	0
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0 \$0	
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0		0
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847	Encounter	7	14	\$1,947	\$278	\$139	2
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	1	8	\$124	\$124	\$16	8
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	167	506	\$48,161	\$288	\$95	3
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	1	1	\$122	\$122	\$122	1
Speech & Language Therapy		92507	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626	First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627	Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	13	26	\$8,584	\$660	\$330	2
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101		0	0	\$0	\$0	\$0	0
Psychological Testing by Technician (Children's Waiver)		96102		0	0	\$0	\$0	\$0	0
Psychological Testing by Comp (Children's Waiver)	_	96103		0	0	\$0	\$0	\$0	0
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118		0	0	\$0	\$0	\$0	0
Neuropsych test by Tech (Children's Waiver)		96119		0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp (Children's Waiver)		96120		0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Perce Perc	Summit Pointe			Unit			_	0.40	C+/11-i-	Linia/Conn
Profession of Property 1978 Seconder 28 91 54,000 517 52 2 2 2 2 2 2 2 2	Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Concention Territy 9756 Recountr 12 31 71 30 552 4 1 1 1 1 1 1 1 1 1	Physical Therapy		97002	Encounter						
Secretary 1985 1986 19	Occupational Therapy		97003	Encounter						
Secretaria for Physical Energy 9711 15 Millanet 2	Occupational Therapy		97004	Encounter						
Companion of Physics Theory 9713 15 Minutes 0	Occupational or Physical Therapy		97110	15 Minutes						
Companies of Physical Theory 9716 15 Minutes 2 5 888 541 372 3 3 3 3 3 3 3 3 3	Occupational or Physical Therapy		97112	15 Minutes	2	4				
Companiest Propriett Theory 1733 15 Minutes 1 2 333 353 373 2 2	Occupational or Physical Therapy		97113	15 Minutes	0					
Conceptional Profession Profess	Occupational or Physical Therapy		97116	15 Minutes	2	5				
Secontarion of Profession Foreign 1975	Occupational or Physical Therapy		97124	15 Minutes	1	2				
	Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0		
Companion Terripy 15 Manuer 5 11 5182 516 517 2 1 1 1 1 1 1 1 1 1	Occupational or Physical Therapy		97150	Encounter	0	0	\$0			
Conceptional or Physical Therapy	Occupational Therapy		97504	15 Minutes	4	21	\$348			
Companies for Physics Feelings 97533 15 Minutes 7 20 513 547 517 3 3 3 3 3 3 3 3 3	Occupational or Physical Therapy		97530	15 Minutes	5	1 I	\$182	\$36		2
Companisor of Physical Therapy 97525 1.5 Minutes 10 27 5447 545 517 3	Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	
Conceptional of Physical Therapy 97557 15 Minutes 1 3 549 549 516 3 500 50	Occupational or Physical Therapy		97533	15 Minutes	7	20	\$331	\$47	\$17	
Concupation of Physicial Therity 97542 15 Minutes 1	Occupational or Physical Therapy		97535	15 Minutes	10	27	\$447	\$45	\$17	
Section of Inspired Principles 9770s 1.5 Minutes 0 0 50 50 50 0 0 0 0		·	97537	15 Minutes	1	3	\$49	\$49	\$16	3
Decupational Therapy	Occupational or Physical Therapy		97542	15 Minutes	11	34	\$563	\$51	\$17	3
Decempational Therapy			97703	15 Minutes	0	0	\$0	\$0	\$0	0
Pocupitar Training (Children's Waiver)			97750	15 Minutes	0	0	\$0	\$0	\$0	0
Production Training (Californ's Waiver)			97755	15 Minutes	0	0	\$0	\$0	\$0	0
Control Cont			97761	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services 97803 1.5 Minutes 0 0 0 50 50 50 0 0 Assessment or Health Services 97803 1.5 Minutes 0 0 0 50 50 50 0 0 Additional Codes-Physician Services 97804 30 Minutes 0 0 0 50 50 50 0 0 Additional Codes-Physician Services 99202 Encounter 0 0 0 50 50 50 50 0 Additional Codes-Physician Services 99202 Encounter 0 0 0 50 50 50 50 0 Additional Codes-Physician Services 99203 Encounter 0 0 0 50 50 50 50 0 Additional Codes-Physician Services 99204 Encounter 0 0 50 50 50 50 0 Additional Codes-Physician Services 99205 Encounter 0 0 0 50 50 50 0 Additional Codes-Physician Services 99211 Encounter 0 0 50 50 50 50 0 Additional Codes-Physician Services 99212 Encounter 0 0 50 50 50 50 0 Additional Codes-Physician Services 99211 Encounter 7 119 57,882 \$1,126 56 170 Additional Codes-Physician Services 99212 Encounter 0 0 50 50 50 50 0 Additional Codes-Physician Services 99214 Encounter 0 0 50 50 50 50 0 Additional Codes-Physician Services 99214 Encounter 0 0 50 50 50 50 0 Additional Codes-Physician Services 99214 Encounter 0 0 50 50 50 50 0 Additional Codes-Physician Services 99212 To 0 50 50 50 50 50 0 Additional Codes-Physician Services 99212 To 0 50 50 50 50 50 0 Additional Codes-Physician Services 99212 To 0 50 50 50 50 50 0 Additional Codes-Physician Services 99212 To 0 50 50 50 50 50 0 Additional Codes-Physician Services 99212 To 0 50 50 50 50 50 0 Additional Codes-Physician Services 99212 To 0 50 50 50 50 50 0 Additional Codes-Physician Services 99212 To 0 50 50 50 50 50 0 Additional Codes-Physician Services 99213 To 0 50 50 50 50 50 0 Additional Codes-Physician Services 99214 Encounter 0 50 50 50 50 50 50 50 50 50 50 50 50 5			97762		0	0	\$0	\$0	\$0	0
Pacific Nervices 97804 30 Minutes 0 0 30 30 50 0 0 Additional Codes-Physicians Services 99201 Encounter 0 0 0 50 50 50 0 0 0			97802	15 Minutes	1	20	\$397	\$397	\$20	20
Additional Codes-Physician Services 99201 Encounter 0 0 0 50 50 50 50 0 0 0 0 0 0 0 0 0 0	Assessment or Health Services		97803	15 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physicians Services 99202 Encounter 0 0 0 50 50 50 0 0 0 Additional Codes-Physicians Services 99204 Encounter 0 0 0 50 50 50 50 0 0 0 0 0 0 0 0 0 0	Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services 99204 Encounter 0 0 5 50 50 50 0 0 0 0 0 0 0 0 0 0 0 0	Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services 99204 Encounter 0 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	Additional Codes-Physician Services	1-11-	99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services 99205 Encounter 0 0 \$0	Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services 99211 Encounter 0 0 0 \$7,882 \$1,126 \$66 17 Additional Codes-Physician Services 99212 Encounter 80 136 \$6,05 \$70 \$80 \$0 Additional Codes-Physician Services 99214 Encounter 80 136 \$6,05 \$70 \$46 2 Additional Codes-Physician Services 99214 Encounter 0 0 0 \$0 \$0 \$0 \$0 \$0 Additional Codes-Physician Services 99215 Encounter 0 0 0 \$0 \$0 \$0 \$0 \$0 Additional Codes-Physician Services 99221 2 4 \$600 \$305 \$152 \$2 Additional Codes-Physician Services 99221 2 4 \$600 \$305 \$152 \$2 Additional Codes-Physician Services 99221 2 4 \$600 \$305 \$152 \$2 Additional Codes-Physician Services 99221 3 3 \$7,15 \$238 \$238 \$1 Additional Codes-Physician Services 99222 4 \$600 \$0 \$0 \$0 \$0 \$0 \$0 Additional Codes-Physician Services 99223 5 \$0 \$0 \$0 \$0 \$0 \$0 \$0 Additional Codes-Physician Services 99223 5 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 Additional Codes-Physician Services 99223 5 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 Additional Codes-Physician Services 99223 5 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 Additional Codes-Physician Services 99223 5 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 Additional Codes-Physician Services 99224 5 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 Additional Codes-Physician Services 99242 5 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 Additional Codes-Physician Services 99242 5 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 Additional Codes-Physician Services 99244 5 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 Additional Codes-Physician Services 99244 5 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 Additional Codes-Physician Services 99244 5 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 Additional Codes-Physician Services 99244 5 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 Additional Codes-Physician Services 99244 5 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 Additional Codes-Physician Services 99245 5 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 Additional Codes-Physician Services 99245 5 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services 99212 Encounter 0 0 \$0	Additional Codes-Physician Services	0.10	99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services 99213 Encounter 80 136 \$6,305 \$79 \$46 2 Additional Codes-Physician Services 99214 Encounter 0 0 \$0	Additional Codes-Physician Services		99211	Encounter	7	119	\$7,882	\$1,126	\$66	17
Additional Codes-Physician Services 99214 Encounter 0 0 \$0	Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services 99215 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$152 \$22 \$2 \$4 \$609 \$305 \$152 \$2 \$2 \$4 \$609 \$305 \$152 \$2 \$2 \$4 \$609 \$305 \$152 \$2 \$2 \$4 \$609 \$305 \$152 \$2 \$4 \$60 \$0	Additional Codes-Physician Services		99213	Encounter	80	136	\$6,305	\$7 9	\$46	2
Additional Codes-Physician Services 99221 2 4 \$609 \$305 \$152 2 Additional Codes-Physician Services 99222 3 3 \$715 \$238 \$238 1 Additional Codes-Physician Services 99223 0 0 \$0	Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services 99222 3 3 \$715 \$238 \$238 1 Additional Codes-Physician Services 99223 0 0 \$0	Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services 99223 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$1 \$2 \$1 \$1 \$1 \$2 \$1 \$1 \$1 \$2 \$1 \$1 \$1 \$2 \$1 \$1 \$1 \$2 \$1 \$1 \$1 \$2 \$1 \$1 \$1 \$2 \$1 \$1 \$1 \$2 \$1 \$1 \$1 \$2 \$1 \$1 \$1 \$2 \$1 \$1 \$1 \$2 \$1 \$1 \$1 \$2 \$1 \$1 \$1 \$2	Additional Codes-Physician Services		99221		2	4	\$609	\$305	\$152	2
Additional Codes-Physician Services 99231 4 56 \$4,080 \$1,020 \$73 14 Additional Codes-Physician Services 99232 4 12 \$1,311 \$328 \$109 3 Additional Codes-Physician Services 99233 30 Minutes or less 3 3 \$358 \$119 \$119 1 Additional Codes-Physician Services 99241 Encounter 0 0 \$0 </td <td>Additional Codes-Physician Services</td> <td></td> <td>99222</td> <td></td> <td>3</td> <td>3</td> <td>\$715</td> <td>\$238</td> <td>\$238</td> <td>1</td>	Additional Codes-Physician Services		99222		3	3	\$715	\$238	\$238	1
Additional Codes-Physician Services 99232 4 12 \$1,311 \$328 \$109 3 Additional Codes-Physician Services 99233 0 0 \$0	Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services 99233 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$119 \$119 \$1 <td>Additional Codes-Physician Services</td> <td></td> <td>99231</td> <td></td> <td>4</td> <td>56</td> <td>\$4,080</td> <td>\$1,020</td> <td>\$73</td> <td>14</td>	Additional Codes-Physician Services		99231		4	56	\$4,080	\$1,020	\$73	14
Additional Codes-Physician Services 99238 30 Minutes or less 3 3 3358 \$119 \$119 1 Additional Codes-Physician Services 99241 Encounter 0 0 \$0	Additional Codes-Physician Services		99232		4	12	\$1,311	\$328	\$109	3
Additional Codes-Physician Services 99238 30 Minutes or less 3 3 \$358 \$119 \$119 1 Additional Codes-Physician Services 99241 Encounter 0 0 \$0			99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services 99241 Encounter 0 0 \$0			99238	30 Minutes or less	3	3	\$358	\$119	\$119	1
Additional Codes-Physician Services 99242 Encounter 0 0 \$0					0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services 99243 Encounter 0 0 \$0										
Additional Codes-Physician Services 99244 Encounter 0 0 \$0	· · · · · · · · · · · · · · · · · · ·									
Additional Codes-Physician Services 99245 Encounter 0 0 \$0										
	Additional Codes-Physician Services		99251	Encounter		0	\$0	*		

Summit Pointe			Unit			0-4	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost			
Additional Codes-Physician Services		99252	Encounter	2	2	\$411	\$206	\$206	<u>I</u>
Additional Codes-Physician Services		99253	Encounter	2	2	\$530	\$265	\$265	1
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	1	1	\$172	\$172	\$172	I
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	I	1	\$1,570	\$1,570	\$1,570	1
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0
General dental services		D0150		6	6	\$460	\$77	\$77	1
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220		1	1	\$28	\$28	\$28	1
Intraoral periapical		D0230		1	1	\$23	\$23	\$23	1
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		14	20	\$1,518	\$108	\$76	1
Resin based comp-one surface, ant		D2330	0.4.44	5	13	\$1,762	\$352	\$136	3
Resin based comp-two surfaces, ant		D2331		2	5	\$828	\$414	\$166	3
Resin based comp-three surfaces, an		D2332		1	1	\$179	\$179	\$179	1
Resin based comp-one surface, post		D2391		1	2	\$344	\$344	\$172	2
Resin based comp-two surfaces, post		D2392		1	1	\$219	\$219	\$219	1
Resin based comp-three surfaces, post	· · · · · · · · · · · · · · · · · · ·	D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Peridontal, main		D4910		1	1	\$132	\$132	\$132	1
Surgical removal of erupted tooth		D7210		6	11	\$3,312	\$552	\$301	2
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340	15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	
		G0176	Encounter	0	0	\$0	\$0	\$0 \$0	0
Activity Therapy (Children's Waiver)			Encounter	0	0	\$0	\$0	\$0 \$0	
Family Training/Support EBP only		G0177	Bicounter	0	0	\$0 \$0	\$0 \$0	\$0 \$0	0
Medication administration		G0351	T				·		
Assessment Color Devide the Color Co		H0002	Encounter	0	0	\$2,596 \$0	\$185 \$0	\$185 \$0	<u>1</u>
Crisis Residential Services		H0018	Days	U	U	30	3 U	30	

Summit Pointe			TT 16						
Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Prevention Services - Direct Model		H0025	Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031	Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032	Encounter	0	0	\$0	\$0	\$0	0
Health Services	•	H0034	15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036	15 Minutes	3	282	\$11,207	\$3,736	\$40	94
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA	•	0	0	\$370,206	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	1	15	\$1,093	\$1,093	\$73	15
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	7	30	\$2,384	\$341	\$79	4
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	47	134,885	\$508,777	\$10,825	\$4	2,870
Community Living Supports (15 Minutes)		H2015	15 Minutes	100	321,442	\$1,647,194	\$16,472	\$5	3,214
Community Living Supports (Daily)		H2016	Per Diem	14	4,222	\$132,715	\$9,480	\$31	302
Community Living Supports (Daily)		H2016	Per Diem	47	12,378	\$878,123	\$18,683	\$71	263
Community Living Supports (Daily)		H2016	Per Diem	46	9,175	\$1,319,033	\$28,675	\$144	199
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	67	39,111	\$753,122	\$11,241	\$19	584
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064	Encounter Face-to-Face	0	0	\$0	\$0	\$0	0
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	0	0	\$0	\$0	\$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116	Encounter	0	0	\$0	\$0	\$0	0
Chore Services		S5120	15 Minutes	0	0	\$0	\$0	\$0	0
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	1	12	\$525	\$525	\$44	12
Environmental Modification	· ·	S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	4	13	\$845	\$211	\$ 65	3
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124	Hour	0	0	\$0	\$0	\$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470	Encounter	1	2	\$158	\$158	\$79	2
Intensive Crisis Stabilization-Enrolled Program									

Summit Pointe			Unit				G1/G	C - 1 (T I -):	II. ide.
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Reidential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Health Services		T1000	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	5	18	\$599	\$120	\$33	4
Health Services		T1002	Up to 15 min	2	6	\$191	\$96	\$32	3
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	71	119,468	\$219,728	\$3,095	\$2	1,683
Supports Coordination/Wrap Facilitation		T1016	15 minutes	303	6,640	\$519,415	\$1,714	\$78	22
Targeted Case Management		T1017	15 minutes	51	832	\$38,433	\$754	\$46	16
Nursing Home Mental Health Monitoring		T1017	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	45	10,888	\$228,617	\$5,080	\$21	242
Personal Care in Licensed Specialized Residential Setting		T1020	Days	28	5,877	\$387,306	\$13,832	\$66	210
Personal Care in Licensed Specialized Residential Setting		T1020	Days	30	9,011	\$1,141,991	\$38,066	\$127	300
Assessments		T1023	Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999	Items	11	74	\$8,606	\$782	\$116	7
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	3	27	\$1,325	\$442	\$49	9
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015	Hour	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies	Academic Control of the Control of t	T2029	Items	6	9	\$1,572	\$262	\$175	2
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				376		\$8,406,560			

Tuscola Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
	0100, 0101, 0114,		Days	0	0	\$0	\$0	\$0	0
State Psychiatric Hospital - Inpatient PT22	0124, 0134, 0154		24,5						
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	1	365	\$78,698	\$78,698	\$216	365
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Ther/Proph/Diag ING, SC/IM - Children's Waiver		90772		0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	9	39	\$2,506	\$278	\$64	4
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	51	52	\$18,249	\$358	\$351	1
Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804	Encounter 20-30 Min	1	1	\$43	\$43	\$43	1
Therapy-Individual Therapy		90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806	Encounter 45-50 Min	11	120	\$9,468	\$861	\$79	11
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0

State of Michigan

CMHSP Cost Data by Service Category

Tuscola	D C1-	HCPCS Code	Unit	C- ::	TI-i	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code		Measure	Cases	Units			\$0	0
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0		
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	W-04/1-1	90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	4	4	\$364	\$91	\$91	1
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	105	504	\$33,058	\$315	\$66	5
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	28	29	\$2,900	\$104	\$100	1
Speech & Language Therapy		92507	Encounter	30	112	\$4,075	\$136	\$36	4
Speech & Language Therapy	•	92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626	First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627	Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		0		\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	14	64	\$4,624	\$330	\$72	5
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101		0	0	\$0	\$0	\$0	0
Psychological Testing by Technician (Children's Waiver)		96102		0	0	\$0	\$0	\$0	0
Psychological Testing by Comp (Children's Waiver)		96103		0	0	\$0	\$0	\$0	0
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118		0	0	\$0	\$0	\$0	0
Neuropsych test by Tech (Children's Waiver)		96119		0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp (Children's Waiver)		96120		0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	27	28	\$3,920	\$145	\$140	1

Tuscola			Unit			0	Cost/Coss	Cost/Unit	Unit/Case
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case		
Physical Therapy		97002	Encounter	0	0	\$0	\$0	\$0	
Occupational Therapy		97003	Encounter	141	144	\$70,317	\$499	\$488	1
Occupational Therapy		97004	Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110	15 Minutes	33	445	\$13,631	\$413	\$31	13
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	161	1,987	\$115,198	\$716	\$58	12
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy	-	97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761	15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762		0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	11	33	\$659	\$60	\$20	3
Assessment or Health Services		97803	15 Minutes	32	135	\$2,696	\$84	\$20	4
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	1	1	\$25	\$25	\$25	1
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	36	36	\$2,128	\$59	\$59	1
Additional Codes-Physician Services	-	99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232	=1.01	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0
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Tuscola	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code	99252		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services			Encounter	0	0	\$0	\$0	\$0	- 0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254 99255	Encounter	0	0	\$0	\$0	\$0	
Additional Codes-Physician Services			Encounter	0	0	\$0	\$0	\$0	
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	
Additional Codes-Physician Services		99263	Encounter		0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter			\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	
Additional Codes-Physician Services		99273	Encounter	0	0		\$0 \$0	\$0	
Additional Codes-Physician Services		99274	Encounter	0	0	\$0			0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	11	8,905	\$2,963	\$269	\$0	810
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	. 0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Peridontal, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Repair or Non-Routine Service for DME (Children's Waiver)	- 10-1	E1340	15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Activity Therapy (Children's Waiver)		G0176	Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only	-	G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351	*****	0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018	Days	1	4	\$1,943	\$1,943	\$486	4
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Tuscola			Unit				6	Cont/Linit	Unit/Case
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	
Prevention Services - Direct Model		H0025	Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031	Encounter	39	42	\$6,533	\$168	\$156	1
Treatment Planning		H0032	Encounter	153	345	\$72,534	\$474	\$210	2
Health Services		H0034	15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036	15 Minutes	2	153	\$10,905	\$5,453	\$71	77
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	69	211	\$13,112	\$190	\$62	3
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	12	172	\$10,501	\$875	\$61	14
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	175	594,618	\$2,810,150	\$16,058	\$5	3,398
Community Living Supports (15 Minutes)		H2015	15 Minutes	22	521,652	\$1,067,925	\$48,542	\$2	23,711
Community Living Supports (Daily)		H2016	Per Diem	28	7,263	\$110,812	\$3,958	\$15	259
Community Living Supports (Daily)		H2016	Per Diem	17	6,055	\$343,530	\$20,208	\$57	356
Community Living Supports (Daily)		H2016	Per Diem	43	13,448	\$1,453,047	\$33,792	\$108	313
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	29	8,753	\$119,478	\$4,120	\$14	302
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064	Encounter Face-to-Face	6	6	\$43	\$7	\$7	1
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	0	0	\$0	\$0	\$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116	Encounter	1	4	\$256	\$256	\$64	4
Chore Services		S5120	15 Minutes	0	0	\$0	\$0	\$0	0
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	2	480	\$1,055	\$528	\$2	240
Respite		S5151	Per Diem	1	14	\$4,853	\$4,853	\$347	14
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124	Hour	0	0	\$0	\$0	\$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446	Encounter	0	-0	\$0	\$0	\$0	0
Health Services		S9470	Encounter	21	21	\$4,194	\$200	\$200	1
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$0	\$0	\$0	0
mensive ensis etaemzation-emoned riegiant		52-107	11041	· · · · · · · · · · · · · · · · · · ·		Ψ.			

Tuscola Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
	Revenue Code	S9976	Days	0	0	\$0	\$0	\$0	0
Reidential Room and Board		T1000	Up to 15 min	- 0	0	\$0	\$0	\$0	0
Health Services		T1001	Encounter	82	84	\$23,720	\$289	\$282	1
Assessment					1,226	\$73,539	\$791	\$60	13
Health Services		T1002	Up to 15 min	93	0	\$13,339	\$0	\$0	0
Health Services		T1003	Up to 15 min	0			\$1,827	\$2	984
Health Services		T1005	15 minutes	18	17,715	\$32,883			
Supports Coordination/Wrap Facilitation		T1016	15 minutes	218	5,855	\$627,432	\$2,878	\$107	27
Targeted Case Management		T1017	15 minutes	8	158	\$17,776	\$2,222	\$113	
Nursing Home Mental Health Monitoring		T1017	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	49	16,293	\$197,719	\$4,035	\$12	333
Personal Care in Licensed Specialized Residential Setting		T1020	Days	21	7,484	\$370,531	\$17,644	\$50	356
Personal Care in Licensed Specialized Residential Setting		T1020	Days	9	2,075	\$186,417	\$20,713	\$90	231
Assessments		T1023	Encounter	3	3	\$738	\$246	\$246	1
Enhanced Medical Supplies or Pharmacy		T1999	Items	28	196	\$7,743	\$277	\$40	7
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015	Hour	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023	Month	1	12	\$6,495	\$6,495	\$541	12
Enhanced Medical Equipment-Supplies	·	T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies	11.11	T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)	·			0	0	\$0	\$0	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				246		\$7,941,386			

CMHSP Cost Data by Service Category

State of Michigan

Service (Large)	Van Buren			Unit						
Season Part Part	Service Category	Revenue Code	HCPCS Code		Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Part	State Psychiatric Hospital - Inpatient PT22			Days	2	187	\$97,812	\$48,906	\$523	94
Part	State Mental Retardation Facility - Inpatient (ICF/MR) PT65			Days	1	363	\$78,248	\$78,248	\$216	363
Pageon P	Local Psychiatric Hospital/IMD PT68			Days	2	8	\$5,338	\$2,669	\$667	4
Spatient Rospital Ascillary Services - Leave of Abzence 125	Local Psychiatric Hospital - Acute Community PT73			Days	0	0	\$0	\$0	\$0	0
Page 100 Page 11	Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Pages Page	Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Pagener Heighted Ancillary Services - Lebrendrity 1900	Inpatient Hospital Ancillary Services - Pharmacy				0	0	\$0	\$0	\$0	0
Paginet Hospinal Ancillary Services - Radiology	Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
PCT Accordancy Part Pa	Inpatient Hospital Ancillary Services - Laboratory			# of tests	0	0	\$0	\$0	\$0	0
	Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
	ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
	Inpatient Hospital Ancillary Services - Respiratory Services	0410	··· ·	# of treatments	0	0	\$0	\$0	\$0	0
	Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Injustient Hospital Ancelllary Services - Elemegency Koom	Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function 0469	Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Papatient Hospital Ancillary Services - Audiology 0470-0472	Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Papatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Papasient Hospital Ancillary Services - Pharmacy		0470-0472		# of tests	0	0	\$0	\$0	\$0	0
ECT Recovery Room	Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
ECT Recovery Room				# of units	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EKG/EKG	ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Accillary Services - EIEG	Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds		0740		# of tests	0	0	\$0	\$0	\$0	0
Paparient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services 0900, 0902-0904, 0911, 0914-0919 Days 0 0 \$0 \$0 \$0 \$0 \$0 \$0		0762		Hour	0	0	\$0	\$0	\$0	0
Paper Pape	Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization 0913 Days 0 0 \$0				# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services 0925	Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Paper Pape	Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia 00104 Minutes 0 0 \$0	Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Pert Proph/Diag ING, SC/IM - Children's Waiver 99772	Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Medication Administration 90782 Encounter 0 0 \$0	Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Medication Administration 90788 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$250 \$250 \$1 Assessment-Psychiatric Assessment 90802 Encounter 0 0 \$0	Ther/Proph/Diag ING, SC/IM - Children's Waiver		90772		0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment 90801 Encounter 13 13 \$3,250 \$250 \$250 \$1 Assessment-Psychiatric Assessment 90802 Encounter 0 0 \$0	Medication Administration		90782	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment 90802 Encounter 0 0 \$1313 \$50 \$6 Herapy-Individual Therapy 90805 Encounter 20-30 Min 0 0 \$0	Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Herapy-Individual Therapy 9884 Encounter 20-30 Min 16 100 \$5,000 \$313 \$50 6 Herapy-Individual Therapy 90805 Encounter 20-30 Min 0 0 \$10 \$10	Assessment-Psychiatric Assessment		90801	Encounter	13	13	\$3,250	\$250	\$250	1
Therapy-Individual Therapy 90805 Encounter 20-30 Min 0 0 \$10 \$10	Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy 90806 Encounter 45-50 Min 14 62 \$6,200 \$443 \$100 4 Therapy-Individual Therapy 90807 Encounter 45-50 Min 0 0 \$185 \$150 \$1 Therapy-Individual Therapy 90809 Encounter 75-80 Min 0 0 \$0 <td>Therapy-Individual Therapy</td> <td></td> <td>90804</td> <td>Encounter 20-30 Min</td> <td>16</td> <td>100</td> <td>\$5,000</td> <td>\$313</td> <td>\$50</td> <td>6</td>	Therapy-Individual Therapy		90804	Encounter 20-30 Min	16	100	\$5,000	\$313	\$50	6
Therapy-Individual Therapy 90807 Encounter 45-50 Min 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$185 \$150 \$1 Therapy-Individual Therapy 90809 Encounter 75-80 Min 0 0 \$0	Therapy-Individual Therapy		90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy 90808 Encounter 75-80 Min 13 16 \$2,400 \$185 \$150 1 Therapy-Individual Therapy 90809 Encounter 75-80 Min 0 0 \$0	Therapy-Individual Therapy		90806	Encounter 45-50 Min	14	62	\$6,200	\$443	\$100	4
Therapy-Individual Therapy 90808 Encounter 75-80 Min 13 16 \$2,400 \$185 \$150 1 Therapy-Individual Therapy 90809 Encounter 75-80 Min 0 0 \$0	Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy 90809 Encounter 75-80 Min 0 0 \$			90808		13	16	\$2,400	\$185	\$150	1
Therapy-Individual Therapy 90810 Encounter 20-30 Min 0 0 \$0 \$0 \$0 0	Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
	Therapy-Individual Therapy		90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0

Van Buren			Unit				0.10	0 .77	TI 1:10
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0		\$0	\$0	\$0	0
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	1	8	\$800	\$800	\$100	8
Therapy-Family Therapy		90847	Encounter	7	34	\$3,400	\$486	\$100	5
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	17	52	\$2,080	\$122	\$40	3
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	83	357	\$22,313	\$269	\$63	4
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508	Encounter	0	- 0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626	First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627	Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation, Post-Lingual Hearing Loss (Children's Waiver)		92633		0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	1	3	\$300	\$300	\$100	3
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101		0	0	\$0	\$0	\$0	0
Psychological Testing by Technician (Children's Waiver)	•	96102		0	0	\$0	\$0	\$0	0
Psychological Testing by Comp (Children's Waiver)		96103		0	0	\$0	\$0	\$0	0
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116	1104	0	0	\$0	\$0	\$0	
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118	Hou	0	0	\$0	\$0	\$0	0
Neuropsych test by Tech (Children's Waiver)		96119		0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp (Children's Waiver)		96120		0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	0	0	\$0	\$0	\$0	0
rnysical rnerapy		31001	Bilcounter			φυ			

Van Buren			Unit	_		Cont	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code	HCPCS Code	Меаѕите	Cases	Units	Cost			
Physical Therapy		97002	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003	Encounter	59	62	\$4,650	\$79	\$75	1
Occupational Therapy		97004	Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	50	297	\$7,425	\$149	\$25	6
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761	15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762		0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$ 0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0

Van Buren			Unit					0 711	
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation	_	A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120	-	0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical	W. ()	D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Peridontal, main		D4910	·	0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report	·	D9920		0	0	\$0	\$0	\$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340	15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	1	I	\$114	\$114	\$114	1
Activity Therapy (Children's Waiver)		G0176	Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	7	7	\$1,050	\$150	\$150	1
Crisis Residential Services		H0018	Days	0	0	\$0	\$0	\$0	0
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Van Buren Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Prevention Services - Direct Model		H0025	Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031	Encounter	19	19	\$2,850	\$150	\$150	1
Treatment Planning		H0032	Encounter	54	79	\$7,900	\$146	\$100	1
Health Services		H0034	15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036	15 Minutes	0	0	\$0	\$0	\$0	0
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043	Per diem	1	77	\$13,783	\$13,783	\$179	77
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	92	138	\$20,010	\$218	\$145	2
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	12	61	\$1,525	\$127	\$25	5
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	70	120,068	\$960,544	\$13,722	\$8	1,715
Community Living Supports (15 Minutes)		H2015	15 Minutes	111	186,767	\$992,582	\$8,942	\$5	1,683
Community Living Supports (Daily)		H2016	Per Diem	10	2,277	\$47,860	\$4,786	\$21	228
Community Living Supports (Daily)		H2016	Per Diem	17	5,015	\$252,097	\$14,829	\$50	295
Community Living Supports (Daily)		H2016	Per Diem	20	5,216	\$618,857	\$30,943	\$119	261
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services	***	H2023	15 minutes	57	28,882	\$231,056	\$4,054	\$8	507
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	7	5,389	\$43,112	\$6,159	\$8	770
Medication Review		M0064	Encounter Face-to-Face	0	0	\$0	\$0	\$0	0
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	5	6	\$2,100	\$420	\$350	1
Home Care Training, Non-Family (Children's Waiver)		S5116	Encounter	0	0	\$0	\$0	\$0	0
Chore Services		\$5120	15 Minutes	1	12	\$48	\$48	\$4	12
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151	Per Diem		5	\$1,782	\$1,782	\$356	5
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124	Hour	0	0	\$0	\$0	\$0	0
Respite Care in the Home (RN) (Children's Waiver)	0302	S9125	Per Diem	0	0	\$0	\$0	\$0	0
Respite Care in the Home (LPN) (Children's Waiver)	•	S9125	Per Diem Per Diem	0	0	\$0	\$0	\$0	0
Health Services		S9123 S9445	Encounter	2	5		\$125	\$50 \$50	3
Health Services Health Services		S9445 S9446	Encounter	2	7	\$250 \$175	\$125	\$30 \$25	4
Health Services Health Services		S9446 S9470	Encounter	0		\$175	\$88	\$25 \$0	0
Intensive Crisis Stabilization-Enrolled Program		S9470 S9484	Hour	0	0	\$0	\$0	\$0	0
intensive Crisis Stabilization-Enrolled Program		39484	Hour	O	U	\$0	\$0	20	0

Van Buren			Unit			0	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost			
Reidential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Health Services		T1000	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	72	74	\$5,550	\$77	\$75	1
Health Services		T1002	Up to 15 min	74	516	\$12,900	\$174	\$25	7
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	25	15,337	\$82,102	\$3,284	\$5	613
Supports Coordination/Wrap Facilitation		T1016	15 minutes	208	5,966	\$536,940	\$2,581	\$90	29
Targeted Case Management		T1017	15 minutes	8	127	\$11,430	\$1,429	\$90	16
Nursing Home Mental Health Monitoring		T1017	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	19	5,067	\$95,140	\$5,007	\$19	267
Personal Care in Licensed Specialized Residential Setting		T1020	Days	19	5,690	\$275,942	\$14,523	\$48	299
Personal Care in Licensed Specialized Residential Setting		T1020	Days	8	1,751	\$151,686	\$18,961	\$87	219
Assessments		T1023	Encounter	1	1	\$150	\$150	\$150	1
Enhanced Medical Supplies or Pharmacy		T1999	Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	1	4	\$1,104	\$1,104	\$276	4
Out of Home Prevocational Service		T2015	Hour	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023	Month	4	43	\$15,086	\$3,772	\$351	11
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				232		\$4,624,940			

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Washtenaw Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	7	1,891	\$474,301	\$67,757	\$251	270
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	9	87	\$45,123	\$5,014	\$519	10
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	. 0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Ther/Proph/Diag ING, SC/IM - Children's Waiver		90772		0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	2	10	\$489	\$245	\$49	5
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	132	169	\$46,375	\$351	\$274	1
Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804	Encounter 20-30 Min	14	47	\$4,926	\$352	\$105	3
Therapy-Individual Therapy		90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806	Encounter 45-50 Min	53	648	\$113,186	\$2,136	\$175	12
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808	Encounter 75-80 Min	1	1	\$245	\$245	\$245	1
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0

Washtenaw			Unit						
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	2	4	\$838	\$419	\$210	2
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy	-	90846	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847	Encounter	10	87	\$18,236	\$1,824	\$210	9
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	8	31	\$2,166	\$271	\$70	4
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	195	883	\$97,353	\$499	\$110	5
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507	Encounter	3	33	\$1,542	\$514	\$47	11
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	1	9	\$428	\$428	\$48	9
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626	First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627	Each Additional 15 Minutes	0	0	\$0	\$0	\$0 \$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633	Each Additional 13 Minutes	0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	19	48	\$10,061	\$530	\$210	3
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101	Hour	0	0				
<u> </u>				0		\$0	\$0	\$0	0
Psychological Testing by Technician (Children's Waiver)		96102			0	\$0	\$0	\$0	0
Psychological Testing by Comp (Children's Waiver)		96103		0	0	\$0	\$0	\$0	0
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other	. —	96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	1	1	\$873	\$873	\$873	1
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118		0	0	\$0	\$0	\$0	0
Neuropsych test by Tech (Children's Waiver)		96119	***************************************	0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp (Children's Waiver)		96120		0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	4	4	\$167	\$42	\$42	1

State of Michigan

Washtenaw			Unit			_	0. 1/0	G . (0.1.)	H-i-/C
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Physical Therapy		97002	Encounter	0	0	\$0	\$0	\$0	
Occupational Therapy		97003	Encounter	23	38	\$8,369	\$364	\$220	2
Occupational Therapy		97004	Encounter	65	182	\$30,379	\$467	\$167	3
Occupational or Physical Therapy		97110	15 Minutes	5	132	\$2,161	\$432	\$16	26
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	8	952	\$12,176	\$1,522	\$13	119
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy	<u>.</u>	97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy	-	97530	15 Minutes	8	630	\$12,858	\$1,607	\$20	79
Occupational or Physical Therapy		97532	15 Minutes	. 0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0 .	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761	15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762		0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	12	52	\$1,935	\$161	\$37	4
Assessment or Health Services		97803	15 Minutes	81	1,489	\$41,618	\$514	\$28	18
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0

Washtenaw			Unit			0 .	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost			
Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	4	8	\$727	\$182	\$91	2
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Peridontal, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310	-	0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340	15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Activity Therapy (Children's Waiver)		G0176	Encounter	11	309	\$21,417	\$1,947	\$69	28
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018	Days	5	24	\$4,458	\$892	\$186	5

Washtenaw			Unit						
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Prevention Services - Direct Model		H0025	Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031	Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032	Encounter	199	260	\$36,557	\$184	\$141	1
Health Services		H0034	15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036	15 Minutes	2	228	\$3,983	\$1,992	\$17	114
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	117	526	\$110,255	\$942	\$210	4
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	35	295	\$16,367	\$468	\$55	8
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	30	49,910	\$348,871	\$11,629	\$7	1,664
Community Living Supports (15 Minutes)		H2015	15 Minutes	163	1,345,591	\$4,666,061	\$28,626	\$3	8,255
Community Living Supports (Daily)		H2016	Per Diem	32	10,210	\$155,600	\$4,863	\$15	319
Community Living Supports (Daily)		H2016	Per Diem	25	7,741	\$408,028	\$16,321	\$53	310
Community Living Supports (Daily)	-	H2016	Per Diem	55	16,526	\$1,697,385	\$30,862	\$103	300
Behavior Services	-	H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	192	250,343	\$2,098,134	\$10,928	\$8	1,304
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	6	4,952	\$67,248	\$11,208	\$14	825
Medication Review		M0064	Encounter Face-to-Face	1	2	\$185	\$185	\$92	2
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	5	6	\$648	\$130	\$108	1
Home Care Training, Non-Family (Children's Waiver)		S5116	Encounter	0		\$0	\$0	\$0	0
Chore Services		S5120	15 Minutes	0	0	\$0	\$0	\$0	
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	
Respite		S5150	15 Minutes	81	98,440	\$688,096	\$8,495	\$7	1,215
Respite		S5151	Per Diem	9	86	\$30,650	\$3,406	\$356	10
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	- 0	0	\$0	\$0 \$0	\$0	0
Environmental Modification		S5165	Service		0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0		0
		S8990	Encounter	- 1	8	\$131	\$131	\$16	8
Occupational or Physical Therapy	0582			0	0	\$131	\$131	\$10	0
Private Duty Nursing		S9123	Hour						
Private Duty Nursing	0582	S9124	Hour	0	0	\$0	\$0	\$0	
Respite Care in the Home (RN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446	Encounter	0	0	\$0	\$0	\$0	0
Health Services	·	S9470	Encounter	2	3	\$75	\$38	\$25	2
Intensive Crisis Stabilization-Enrolled Program	197 800 000 000 000 000 000 000 000 000 00	S9484	Hour	0	0	\$0	\$0	\$0	0

Washtenaw			Unit						
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Reidential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Health Services		T1000	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	18	19	\$3,775	\$210	\$199	1
Health Services		T1002	Up to 15 min	205	13,431	\$286,505	\$1,398	\$21	66
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	93	124,079	\$336,991	\$3,624	\$3	1,334
Supports Coordination/Wrap Facilitation		T1016	15 minutes	602	17,609	\$2,510,977	\$4,171	\$143	29
Targeted Case Management		T1017	15 minutes	6	30	\$4,618	\$770	\$154	
Nursing Home Mental Health Monitoring		T1017	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	32	10,489	\$197,193	\$6,162	\$19	328
Personal Care in Licensed Specialized Residential Setting		T1020	Days	24	7,847	\$425,307	\$17,721	\$54	327
Personal Care in Licensed Specialized Residential Setting		T1020	Days	45	14,215	\$1,593,644	\$35,414	\$112	316
Assessments		T1023	Encounter	18	168	\$50,867	\$2,826	\$303	9
Enhanced Medical Supplies or Pharmacy		T1999	Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015	Hour	101	59,390	\$1,547,110	\$15,318	\$26	588
Targeted Case Management (Children's Waiver)		T2023	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	46	341	\$87,374	\$1,899	\$256	7
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				10	0	\$7,582	\$758	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				684		\$18,332,624			

Dec Populari Sequial Especial Prize 19	West Michigan Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Sear Meent Reconstruction from the Properties (CPRMO) Profes 190, 611, 613, 6134 190, 6134 190, 61	Service Category		neres code							0
Part	State Psychiatric Hospital - Inpatient PT22			Days			20			
1982 1982	State Mental Retardation Facility - Inpatient (ICF/MR) PT65			Days	2	474	\$116,457	\$58,229	\$246	237
Pagent Rigogial Acadilary Services : Romand Blood 140	Local Psychiatric Hospital/IMD PT68			Days	0	0	\$0	\$0	\$0	0
Paper Pape	Local Psychiatric Hospital - Acute Community PT73			Days	4	44	\$17,265	\$4,316	\$392	11
Pacified Marchilly Services - Leave of Aleeman	Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Papeline Ripogral Ancillay Services - Medical/Bargelal Supplies and Device 070-0772 9 of firest 0 0 0 0 0 0 0 0 0	· · · · · · · · · · · · · · · · · · ·	0183		Days	0	0	\$0	\$0	\$0	0
Impatient Hospital Ancelliny Services - Laboratory 0,000,000,000,000,000 0,000,000,000					0	0	\$0	\$0	\$0	0
Page	Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
ECT Accentions 1970	Inpatient Hospital Ancillary Services - Laboratory			# of tests	0	0	\$0	\$0	\$0	0
Injustient Hospital Ancillary Services - Respitatory Services August For frectaments 0 0 50 50 50 50 50	Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
Inguinter Heapithal Associllany Services - Physicial Therapy	ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inguisient Horpital Ancillary Services - Occupational Therapy	Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inguient Hospital Ancellary Services - Speech-Language Pathology	Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inputer Hospital Ancillary Services Energency Koom	Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Injustient Hospital Ancillary Services - Pulmonary Function 0469	Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inspiriter Hospital Ancillary Services - Audiology March More	Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Impatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Impatient Hospital Ancillary Services - Pharmacy	Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy 0.566	Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611	-	# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EKG/EKG	Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Extended Observation Beds	Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge 0901 Encounter 0 0 0 \$0 \$ \$0 \$ \$0 \$ \$0 \$ \$0 \$ \$0	Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Papelient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services 0900, 0902-0904, # of visits 0 0 0 0 0 0 0 0 0	Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Dupatient Partial Hospitalization 0911, 0914-0919 Days 0 0 \$0 \$0 \$0 \$0 \$0 \$0	Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Dupatient Partial Hospitalization 0913 Days 0 0 \$0 \$0 \$0 \$0 \$0 \$0	Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services			# of visits	0	0	\$0	\$0	\$0	0
Paper Pape	Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Paper Pape	Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia 00104 Minutes 0 0 \$0	Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Ther/Proph/Diag ING, SC/IM - Children's Waiver 90772 10 0 10 10 10 10 10 10	Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Medication Administration 99782 Encounter 0 0 \$0	Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Medication Administration 99782 Encounter 0 0 \$0	Ther/Proph/Diag ING, SC/IM - Children's Waiver		90772		0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment 90801 Encounter 12 14 \$6,388 \$532 \$456 Assessment-Psychiatric Assessment 90802 Encounter 0 0 \$0 \$0 \$0 Therapy-Individual Therapy 90804 Encounter 20-30 Min 1 13 \$1,137 \$1,137 \$87 1 Therapy-Individual Therapy 90805 Encounter 20-30 Min 0 0 \$0 <td>THE CONTRACTOR OF THE CONTRACT</td> <td></td> <td>90782</td> <td>Encounter</td> <td>0</td> <td>0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>0</td>	THE CONTRACTOR OF THE CONTRACT		90782	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment 99802 Encounter 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$1,137 \$1,137 \$87 \$1	Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	Assessment-Psychiatric Assessment		90801	Encounter	12	14	\$6,388	\$532	\$456	1
Therapy-Individual Therapy				Encounter	0	0	\$0	\$0	\$0	0
Fherapy-Individual Therapy 90805 Encounter 20-30 Min 0 0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$15 \$175 Therapy-Individual Therapy 90807 Encounter 45-50 Min 0 0 \$0 <			90804	Encounter 20-30 Min	I	13	\$1,137	\$1,137	\$87	13
Therapy-Individual Therapy 9886 Encounter 45-50 Min 14 127 \$22,207 \$1,586 \$175 Therapy-Individual Therapy 90807 Encounter 45-50 Min 0 0 \$0			90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy 90807 Encounter 45-50 Min 0 0 \$			90806	Encounter 45-50 Min	14	127	\$22,207	\$1,586	\$175	9
Therapy-Individual Therapy 90808 Encounter 75-80 Min 0 0 \$							· · · · · · · · · · · · · · · · · · ·			0
Therapy-Individual Therapy 90809 Encounter 75-80 Min 0 0 \$0 \$0 \$0 \$0										0
								·- · · · · · · · · · · · · · · · · · ·		0
	The state of the s				0	0			\$0	0

West Michigan Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy Therapy-Individual Therapy	<u></u>	90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	
Therapy-Individual Therapy	-	90824	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	- 0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter /3-80 Win	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	0	0	\$0	\$0	\$0	- 0
Therapy-Family Therapy		90847	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	. 0
Therapy-Family Therapy		90849	Encounter	4	62	\$4,811	\$1,203	\$78	16
Therapy-Group Therapy				0	0	\$0	\$1,203	\$0	0
Therapy-Group Therapy		90857	Encounter	67	322	\$43,071	\$643	\$134	5
Medication Review		90862	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Physician		90870	Encounter	2	5	\$818	\$409	\$164	3
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$104	0
Speech & Language Therapy		92506	Encounter		0	\$0	\$0	\$0	0
Speech & Language Therapy		92507	Encounter	0	0	\$0	\$0	\$0	
Speech & Language Therapy		92508	Encounter			\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0			\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626	First Hour	0	0	\$0	\$0		
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627	Each Additional 15 Minutes	0	0	\$0	\$0	\$0 \$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		0	0	\$0	\$0		0
Assessments-Testing		96100	Hour	2	7	\$990	\$495	\$141	4
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101		0	0	\$0	\$0	\$0	0
Psychological Testing by Technician (Children's Waiver)		96102		0	0	\$0	\$0	\$0	0
Psychological Testing by Comp (Children's Waiver)		96103		0	0	\$0	\$0	\$0	0
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118		0	0	\$0	\$0	\$0	0
Neuropsych test by Tech (Children's Waiver)		96119		0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp (Children's Waiver)		96120		0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	12	13	\$1,437	\$120	\$111	1

State of Michigan

CMHSP Cost Data by Service Category

West Michigan			Unit				C+1C	Coat/Linit	Unit/Case
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	
Physical Therapy	AA 30 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	97002	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003	Encounter	44	46	\$10,647	\$242	\$231	1
Occupational Therapy		97004	Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110	15 Minutes	4	24	\$769	\$192	\$32	6
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	1	10	\$321	\$321	\$32	10
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	52	536	\$26,162	\$503	\$49	10
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537	15 Minutes		0	\$0	\$0	\$0	0
Occupational or Physical Therapy .		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761	15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762		0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803	15 Minutes	35	66	\$1,899	\$54	\$29	2
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	99233		0	C	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	·	99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0
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West Michigan			Unit						
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	MCO	99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation	-	A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Peridontal, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report	-	D9920		0	0	\$0	\$0	\$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340	15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Activity Therapy (Children's Waiver)		G0176	Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018	Days	0	0	\$0	\$0	\$0	0
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West Michigan			Unit			_	6 ./0	C/(1-i	Unit/Case
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	
Prevention Services - Direct Model		H0025	Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031	Encounter	47	58	\$14,408	\$307	\$248	1
Treatment Planning		H0032	Encounter	19	24	\$5,051	\$266	\$210	1
Health Services		H0034	15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036	15 Minutes	0	0	\$0	\$0	\$0	0
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	36	138	\$14,145	\$393	\$103	4
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	5	30	\$1,147	\$229	\$38	6
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	89	24,749	\$221,751	\$2,492	\$9	278
Community Living Supports (15 Minutes)		H2015	15 Minutes	125	127,640	\$1,098,980	\$8,792	\$9	1,021
Community Living Supports (Daily)		H2016	Per Diem	5	1,485	\$51,039	\$10,208	\$34	297
Community Living Supports (Daily)		H2016	Per Diem	1	365	\$16,582	\$16,582	\$45	365
Community Living Supports (Daily)		H2016	Per Diem	43	14,348	\$1,487,601	\$34,595	\$104	334
Behavior Services		H2019	15 Minutes	5	6	\$1,491	\$298	\$249	1
Wraparound		H2022	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	82	13,789	\$79,149	\$965	\$6	168
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064	Encounter Face-to-Face	0	0	\$0	\$0	\$0	0
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	17	74	\$12,858	\$756	\$174	4
Home Care Training, Non-Family (Children's Waiver)		S5116	Encounter	1	11	\$2,106	\$2,106	\$191	11
Chore Services		S5120	15 Minutes	0	0	\$0	\$0	\$0	0
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	40	68,497	\$61,647	\$1,541	\$1	1,712
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)	-	S5161	Month	0	0	\$0	\$0	\$ 0	0
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124	Hour	0	0	\$0	\$0	\$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$ 0	\$0	0
Health Services		S9445	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446	Encounter	0	0	\$0	\$0	\$0	0
Health Services	· -	S9470	Encounter	34	82	\$3,828	\$113	\$47	2
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$0	\$0	\$0	
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West Michigan			Unit				- 10		** ***
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Reidential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Health Services		T1000	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	43	45	\$6,770	\$157	\$150	I
Health Services	,	T1002	Up to 15 min	66	1,349	\$71,578	\$1,085	\$53	20
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	3	11,285	\$63,422	\$21,141	\$6	3,762
Supports Coordination/Wrap Facilitation		T1016	15 minutes	35	1,524	\$93,315	\$2,666	\$61	44
Targeted Case Management		T1017	15 minutes	178	9,685	\$485,315	\$2,726	\$50	54
Nursing Home Mental Health Monitoring		T1017	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	9	2,828	\$91,655	\$10,184	\$32	314
Personal Care in Licensed Specialized Residential Setting		T1020	Days	14	3,474	\$240,852	\$17,204	<b>\$</b> 69	248
Personal Care in Licensed Specialized Residential Setting		T1020	Days	37	9,602	\$1,021,557	\$27,610	\$106	260
Assessments		T1023	Encounter	1	1	\$248	\$248	\$248	1
Enhanced Medical Supplies or Pharmacy		T1999	Items	1	1	\$557	\$557	\$557	1
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	66	21,293	\$106,891	\$1,620	\$5	323
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	13	13	\$15,406	\$1,185	\$1,185	1
Out of Home Prevocational Service		T2015	Hour	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023	Month	2	24	\$9,316	\$4,658	\$388	12
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	1	1	\$401	\$401	\$401	1
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				1	0	<b>\$</b> 610	\$610	\$0	0
Total Population and Cost				229		\$5,534,055			

### CMHSP Cost Data by Service Category

Cirilist Cost Data by Service Category	2 410								<del>-</del>
Woodlands	Revenue Code	HCPCS Code	Unit	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category		HCPCS Code	Measure	Cases	0	\$0	\$0	\$0	0
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days						
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	2	730	\$158,614	\$79,307	\$217	365
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	1	6	\$3,450	\$3,450	\$575	6
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370		·-··-	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	. 0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Ther/Proph/Diag ING, SC/IM - Children's Waiver	· · · · · · · · · · · · · · · · · · ·	90772		0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	1	1	\$65	\$65	\$65	1
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	8	8	\$1,904	\$238	\$238	1
Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804	Encounter 20-30 Min	2	3	\$194	\$97	\$65	2
Therapy-Individual Therapy		90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806	Encounter 45-50 Min	4	18	\$2,322	\$581	\$129	5
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0

State of Michigan

# CMHSP Cost Data by Service Category

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Woodlands Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy	TOVORAG COAC	90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy  Therapy-Individual Therapy	4611	90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy  Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
	A. C.	90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
The state of the s	***	90818	Encounter 45-50 Min	0	0	\$0		\$0	. 0
Therapy-Individual Therapy	-	90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0 \$0	\$0	
Therapy-Individual Therapy				0	0	\$0		\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min				\$0 \$0	\$0	
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0			0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	81	268	\$21,172	\$261	\$79	3
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	4	4	\$645	\$161	\$161	1
Speech & Language Therapy		92507	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626	First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabiliation Status (Children's Waiver)		92627	Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	10	44	\$5,817	\$582	\$132	4
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101		0	0	\$0	\$0	\$0	0
Psychological Testing by Technician (Children's Waiver)		96102		0	0	\$0	\$0	\$0	0
Psychological Testing by Comp (Children's Waiver)		96103		0	0	\$0	\$0	\$0	0
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	2	2	\$258	\$129	\$129	1
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118		0	0	\$0	\$0	\$0	0
Neuropsych test by Tech (Children's Waiver)		96119		0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp (Children's Waiver)	Va. 1.0	96120		0	0	\$0	\$0	\$0	ō
Physical Therapy		97001	Encounter	0	0	\$0	\$0	\$0	0
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Woodlands			Unit	_		Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units			\$0	0
Physical Therapy		97002	Encounter	0	0	\$0	\$0 \$172	\$172	1
Occupational Therapy		97003	Encounter	3	3	\$516			2
Occupational Therapy		97004	Encounter	11	18	\$2,322	\$211	\$129	
Occupational or Physical Therapy		97110	15 Minutes	0	0	\$0	\$0	\$0	
Occupational or Physical Therapy	4.50	97112	15 Minutes	1	15	\$484	\$484	\$32	15
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	2	2	\$65	\$33	\$33	1
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	1	2	\$65	\$65	\$33	2
Occupational or Physical Therapy		97530	15 Minutes	5	10	\$323	\$65	\$32	2
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	5	43	\$1,387	\$277	\$32	9
Occupational or Physical Therapy		97535	15 Minutes	1	20	\$645	\$645	\$32	20
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761	15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762		0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	<b>\$</b> 0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	1 11 1 W 14 1 W	99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233	****	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	
Additional Coucs-1 hysician services		77231	Discounter	v	- <del> </del>				

Woodlands			Unit		7 T. 14	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units			\$0	0
Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0		
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services	_	99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation	****	A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140	-	0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation	-/	A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0
General dental services	-	D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation	<u> </u>	D0180	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393	-	0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750	· **	0	0	\$0	\$0	\$0	0
Peridontal, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340	15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Activity Therapy (Children's Waiver)	*	G0176	Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		0	0	\$0	\$0	\$0	
Assessment		H0002	Encounter	23	23	\$2,967	\$129	\$129	1
Crisis Residential Services		H0018	Days	0	0	\$0	\$0	\$0	0
Crisis Aesigential Selffices		110010	24,3		·	Ψ0			

Woodlands			Unit				C-+/C	Cont/Unit	Linit/Cono
Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Prevention Services - Direct Model		H0025	Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031	Encounter	6	15	\$7,353	\$1,226	\$490	3
Treatment Planning		H0032	Encounter	20	29	\$3,741	\$187	\$129	1
Health Services		H0034	15 Minutes	53	67	\$2,967	\$56	\$44	1
Home Based Services		H0036	15 Minutes	0	0	\$0	\$0	\$0	0
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	6	207	\$1,449	\$242	\$7	35
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0		0
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	10	24	\$5,856	\$586	\$244	2
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	7	46	\$2,737	\$391	<b>\$</b> 60	7
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	65	46,267	\$266,035	\$4,093	\$6	712
Community Living Supports (15 Minutes)		H2015	15 Minutes	119	241,083	\$1,145,144	\$9,623	\$5	2,026
Community Living Supports (Daily)	-	H2016	Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	Per Diem	4	995	\$59,899	\$14,975	\$60	249
Community Living Supports (Daily)		H2016	Per Diem	26	8,408	\$971,124	\$37,351	\$116	323
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	34	1,958	\$60,698	\$1,785	\$31	58
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs	-	H2030	15 Minutes	11	14,983	\$48,695	\$4,427	\$3	1,362
Medication Review		M0064	Encounter Face-to-Face	1	1	\$79	\$79	\$79	1
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		\$0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	11	81	\$10,449	\$950	\$129	7
Home Care Training, Non-Family (Children's Waiver)	404	S5116	Encounter	4	105	\$13,545	\$3,386	\$129	26
Chore Services		S5120	15 Minutes	0	0	\$0	\$0	\$0	0
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	1	168	\$672	\$672	\$4	168
Respite		S5151	Per Diem	1	1	\$96	\$96	\$96	1
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	1	1	\$1,500	\$1,500	\$1,500	1
Enhanced Medical Equipment-Supplies		S5199	Items	3	10	\$2,226	\$742	\$223	3
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124	Hour	0	0	\$0	\$0	\$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	Per Diem	0		\$0	\$0	\$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	Per Diem	0		\$0	\$0	\$0	0
Health Services		S9445	Encounter	0	0	\$0	\$0	\$0	0
Health Services	-	S9446	Encounter	0	0	\$0	\$0	\$0	
		S9470	Encounter	0	0		\$0	\$0	
Health Services		S9484	Hour	0		\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		32404	Hour			ΨV			

### CMHSP Cost Data by Service Category

Persons with	Developmental	Disabilities
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Woodlands		HCPCS Code	Unit	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category	Revenue Code		Measure	Cases	0	\$0	\$0	\$0	0
Reidential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Health Services		T1000	Up to 15 min		7	\$903	\$151	\$129	
Assessment		T1001	Encounter	6	89	\$4,289	\$613	\$48	13
Health Services		T1002	Up to 15 min		0	\$0	\$019	\$0	0
Health Services		T1003	Up to 15 min	0			\$2,941	\$3	919
Health Services		T1005	15 minutes	26	23,893	\$76,458	\$1,104	\$60	19
Supports Coordination/Wrap Facilitation		T1016	15 minutes	25	464	\$27,608	\$1,794	\$60	30
Targeted Case Management		T1017	15 minutes	144	4,342	\$258,349		\$60	30
Nursing Home Mental Health Monitoring		T1017	15 minutes	1	4	\$238	\$238		285
Personal Care in Licensed Specialized Residential Setting		T1020	Days	12	3,423	\$102,602	\$8,550	\$30	
Personal Care in Licensed Specialized Residential Setting		T1020	Days	14	4,627	\$239,927	\$17,138	\$52	331
Personal Care in Licensed Specialized Residential Setting		T1020	Days	5	1,325	\$121,463	\$24,293	\$92	265
Assessments	·	T1023	Encounter	1	1	\$129	\$129	\$129	1
Enhanced Medical Supplies or Pharmacy		T1999	Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	1	7	\$136	\$136	\$19	7
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	6	6	\$622	\$104	\$104	1
Out of Home Prevocational Service		T2015	Hour	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023	Month	4	2,204	\$9,607	\$2,402	\$4	551
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	<b>\$</b> 0	\$0	\$0	0
Community Living Supports-Therapeutic Camping	· <u>-</u>	T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost			-	180		\$3,649,811			